CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health, BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-55) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. ☐ Establish retention period for records which are accumulating daily.

B. ☐ Dispose of present accumulation, no additional accumulation onticipated.

C. ☐ Microfilm and destroy originals.

D. ☒ Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs and Micro. Perm.		YES ☐ NO ☒

12 DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Robert E. Farber, M.D. — Title: Commissioner of Health — 3/18/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	☒	☐

REMARKS: 2 negative Rolls

C. P. Force — Records Management Officer — 3/18/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

37186 F 37186

37186 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 23-1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel Albert Langford If U. S. Veteran specify WAR .....

(a) Residence: No. 142 W Cross St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 14-1923

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Saml Albert Langford

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Viola Harris

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Viola Langford

(Address) 142 W Cross St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 7/11/37

19. UNDERTAKER Walter B Spriggs

(Address) 320 W Lexington St

20. FILED JUL 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix	July 7 1937

Other contributory causes of importance:

Was an operation performed? yes Date of July 7-1937

For what disease or injury? Appendicitis

Name of operation Appendectomy Date of July 7-37

What test confirmed diagnosis? History Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George L. Allen M. D. Coroner

(Address) 50 Pleasant St

M. D. P. 1268-9

F 37187

F 37187 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 451 Yale Ave Ward) 20-8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Cairncross

(a) Residence: No. 451 Yale ave Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of Anna B. Cairncross

6. DATE OF BIRTH (month, day, year) Oct 30 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Confectionery

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John M. Cairncross

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Amanda Caster

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Anna B. Cairncross

(Address) 451 Yale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date July 13 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

20. FILED JUL 12 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 1937

22. I HEREBY CERTIFY, That I attended deceased from January 1937 to July 1937

I last saw him alive on July 9 1937 Death is said to have occurred on the date stated above, at 4.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ernest Spencer Jr. M. D.

(Address) 4123 Frederick Ave

F 37188

37188 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 14-3

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 340 Bloom St., 14 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Lucy Ceglia Green
(a) Residence: No. 340 Bloom St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Divorced
6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: William Green
6. DATE OF BIRTH (month, day, year): July 12 1886
7. AGE: Years 50; Months 11; Days 27; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private family
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): St. Mary's County Maryland

FATHER
13. NAME: Landon Briscoe
14. BIRTHPLACE (city or town) (State or country): St. Mary's County Md.

MOTHER
15. MAIDEN NAME: —
16. BIRTHPLACE (city or town) (State or country): —

17. INFORMANT (Address): Nora L. Jones 340 Bloom
18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 7/12/37 19
19. UNDERTAKER (Address): Mrs. George F. Ballof 1631 Division Hill Ave. Huntington Wilmington, Md.

19 Registrar

FILED JUL 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 9 1937
22. I HEREBY CERTIFY, That I attended deceased from June 7 1937 to July 9 1937
That I last saw h alive on July 9 1937 Death is said to have occurred on the date stated above at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7-2-37
Other contributory causes of importance: Carcinoma of Rectum	3 months

Was an operation performed? — Date of —
For what disease or injury?
Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Bradshaw Taggart M. D.
(Address) 2243 Madison Ave

37189 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37189

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH CITY OF BALTIMORE: (No.) 1622 N. Calhoun St., 15th Ward) 1

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Estelle Lowery

(a) Residence: No. 1622 N. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 7 1913.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cedartown Ga.

FATHER

13. NAME Thos. J. Lowery

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Clarence

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Clarence Lowery
(Address) 1622 N. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 7/12 37 19

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St.

20. FILED 7 12 1937 Registrar Huntington Hallowell, M.D.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 . 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from lungs	
Possibly Tuberculosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Hamm Coroner M. D.

(Address) 720 Hamburg

F 37190

37190 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

23258--EF 95-B

1-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Foster Powell

(a) Residence: No. 1618 Jefferson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ruth

6. DATE OF BIRTH (month, day, year) 5-18-1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Alfred Powell

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Wilhelminia Sargeant

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place National Date July 12 1937

19. UNDERTAKER Elroy O Wyant
(Address) 1000 Bradley av

20. FILED , 19 Registrar.

JUL 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1937, to July 7, 1937.

I last saw h[illegible] alive on July 7, 1937. Death is said to have occurred on the date stated above, at 5:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	1933

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place:

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) H. Lide Sanford M. D.

(Address) Baltimore City Hospitals

37191 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37191

CERTIFICATE OF DEATH

Registered No. 6-3 ✓9

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 228 N. Madeira St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Frank G. Goodwin

(a) Residence: No. 228 N. Madeira St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) April 7 1936

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John Goodwin
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Ida Braunschweiger
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Ida Goodwin
(Address) 228 N. Madeira St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 7/12/37

19. UNDERTAKER Philip Henry Sons
(Address) 2016 Eutaw St

FILED 19 Burton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 10 19 37 to July 10 19 37
I last saw h[illegible] alive on July 10 19 37. Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	July 10
Other contributory causes of importance:	none

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Della Mc D. M. D.
(Address) 2014 E Eutaw St

M. D. D 1268-9

F 37192

37192 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General St. Hospital Ward) 24-4

Registered No. 181

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joyce J. Keith. If U. S. Veteran specify WAR

(a) Residence: No. 1515 Belt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) April 7, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Derryle Keith.

14. BIRTHPLACE (city or town) (State or country) Illinois.

MOTHER

15. MAIDEN NAME Vera Garrett.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Vera Keith. (mother)
(Address) 1515 Belt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date July 12, 37

19. UNDERTAKER Russell & Kippel
(Address) 1905 Light St

FILED 7-12-37 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scalds about face and body	
Accidental upsetting of cup of coffee.	7/6/37

Other contributory causes of importance:
Terminal pneumonia.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident. Date of injury 7/6/37 19

Where did injury occur? 1515 Belt St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Upsetting cup of coffee.

Nature of injury Scards of face & body.

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Otto K. Reinhardt, M. D.
Coroner

7/9/37 (Address) 1017 S. Charles St.

F 37193

37193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 26-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME FANNY STACH

(a) Residence: No. 304 S. Fagley St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Stephan Stach

6. DATE OF BIRTH (month, day, year): March 8. 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Checo Slovakia

FATHER

13. NAME: Joseph Kuklik

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Mr. Stephan Stach (Husband)

(Address) 604 S. Fagley St.

18. BURIAL, CREMATION, OR REMOVAL: Sacred Heart Cemetery Date July 12, 37

Place

19. UNDERTAKER: HENRY SANDER & SONS. INC.

(Address) Baltimore & Broadway

20. FILED 19 Registrar.

JUL 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July. 9. 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance: Cerebral Apoplexy

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) 1918 E. North Ave.

F 37194

HEALTH DEPARTMENT—CITY OF BALTIMORE

7194

CERTIFICATE OF DEATH

93-C

12-6

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2110 St. Paul St. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Gervas Storrs Jr.

(a) Residence: No. 2110 St. Paul St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Mc.E.Mullikin

7. DATE OF BIRTH (month, day, year) Aug. 5. 1875

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

13. NAME Gervas Storrs

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Virginia Davies

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Gervas McE. Storrs
(Address) 2110 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 12. 1937

19. UNDERTAKER John J. Mitchell Sons
(Address) 1900 Eutaw Place

20. FILED JUL 13 1937 Registrar of

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10. 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1935 to July 10 1937.

I last saw him alive on July 8 1937. Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Chronic
Hypertension
Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. H. Moody, M. D.

(Address) 1403 Park Ave.

37195

HEALTH DEPARTMENT—CITY OF BALTIMORE

37195

CERTIFICATE OF DEATH

Registered No. 84-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hosp St., 12-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yr mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME John Douglas GORDON

(a) Residence: No. Gibson Island, Md St., Ward.
(If non-resident give city or town and State)
(usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/9/37

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Basil Gordon
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Helen Williams
16. BIRTHPLACE (city or town) (State or country) N.J.

17. INFORMANT (Address) Basil Gordon Gibson Island Md

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date July 12 '37

19. UNDERTAKER (Address) Henry W. Jenkins Son Co 1 E. Cold & Orchard Sts

FILED JUL 12 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/10/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/6/37, 19, to 7/10/37, 19

I last saw h. alive on 7/10/37, 19 Death is said to have occurred on the date stated above, at 8 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Mastoiditis, Bilateral	6/20/37
Bronchopneumonia	6/29/37

Other contributory causes of importance

Was an operation performed? yes Date of 6/6/37

For what disease or injury? a. Mastoiditis, Bilateral

Name of operation Mastoidectomy - Bilat

What test confirmed diagnosis? → Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) A. Lahey, M. D.

(Address) Union Memorial Hosp

F 37196 F 37198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1601 Cereal 25-5 119 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elsie D. Kiessling

(a) Residence: No. 1601 Cereal St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) June 13-1932

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Martin F. Kiessling

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Beatrice Cooper

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Martin F Kiessling
(Address) 1601 Cereal St Md

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date July 12- 1937

19. UNDERTAKER Mr. Mrs. John W. Teufel & Son
(Address) 801 W. Fayette St

20. FILED JUL 12 1937 Harrington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) July 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1937 to July 10, 1937

I last saw he alive on July 10, 1937 Death is said to have occurred on the date stated above, at 10.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Heat Prostration	July 9 1937
Rachitis	
Other contributory causes of importance: Gastro Enteritis	June 1937

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Leon C. Wolcott, M. D.

(Address) 4720 Fleming Ave

37197 HEALTH DEPARTMENT—CITY OF BALTIMORE 37197

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hospital 12-2 Ward) Registered No. 50
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Mabel Elizabeth Wilgis If U. S. Veteran Specify WAR

(a) Residence: No. Mc Donogh School, Mc Donogh Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 26 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Harford County Md

FATHER

13. NAME Elijah R Wilgis

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ida Jeffery

16. BIRTHPLACE (city or town) (State or country) Harford Co Maryland

17. INFORMANT Dr. H. E. Wilgis
(Address) Mc Donogh School Mc Donogh Md

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Belair Md Date July 12 1937

19. UNDERTAKER Albert W Gregory
(Address) 440 E North Ave

20. FILED JUL 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1937

22. I HEREBY CERTIFY, That I attended deceased (from April 14, 1937 to July 10, 1937

I last saw her alive on July 10, 1937. Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung (rt.) (Metastasis from a primary carcinoma of breast ?)	Jan 1936 ?

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Robert H Sive M. D.
(Address) Union Memorial Hospital

7198

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37198

CERTIFICATE OF DEATH

131

Registered No. 10-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Grafton Dan Spencer

(a) Residence: No. 1200 Valley St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia
(State or country)

FATHER

13. NAME Grafton Spencer

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Gouverneur

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Sister Pauline Asst Supr
(Address) 1200 Valley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date July 12 1937

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Gwynns Falls Ave.

20. FILED 19 Registrar
JUL 12 1937 Arlington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1932 to July 10 1937

I last saw h[illegible] alive on July 8 1937. Death is said to have occurred on the date stated above, at 5:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Nephritis	?
Other contributory causes of importance: Arterio Sclerosis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Autopsy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. McC. Baker M. D.

(Address) 1114 Eutaw Pl

37199 HEALTH DEPARTMENT—CITY OF BALTIMORE 37199

CERTIFICATE OF DEATH 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2720 Belvedere St., 27 Ward) Registered No. 27-17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. W. Seymour Jr. If U. S. Veteran specify WAR

(a) Residence: No. 2720 Belvedere St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12-23-36

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Wm. W. Seymour

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME M. Jane Molloy

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT M. Jane Seymour

(Address) 2720 Belvedere

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date July 12, 1937

19. UNDERTAKER Rita Wiedefeld

(Address) 914 Greenmount Ave

20. FILED 7-12-1937 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 7-11-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-23-1936 to 7-11-1937

I last saw him alive on 7-10-1937 Death is said to have occurred on the date stated above, at 6:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7-9-37
Other contributory causes of importance:	
none	

Was an operation performed? no. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) Wm. B. Seybert M. D.

(Address) 2802 Harford Ave

37200

HEALTH DEPARTMENT—CITY OF BALTIMORE

37200

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Sister Sidonie de Gonzague

If U. S. Veteran specify WAR

(a) Residence: No. 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 16 Oct. 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
63	62	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religieuse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Milwaukee Wis.
(State or country)

FATHER

13. NAME Peter Fiery

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Eliz. Greene

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Sister Paul ... Asst Sup
(Address) 1200 Valley St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date July 13. 1937

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Fremont Ave

20. FILED ..19.. Registrar

JUL 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 1932 to July 11 1937

I last saw her alive on July 9 1937. Death is said to have occurred on the date stated above, at 1.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?
Other contributory causes of importance: Arteriosclerosis	?
Hypertension	?

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37201

CERTIFICATE OF DEATH

F 37201

95-B

1. PLACE OF DEATH West Baltimore General Hospital St. Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Gilbert Henderson. If U.S. Veteran specify WAR

(a) Residence: No. 3648 Hanover St. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie anderson.

6. DATE OF BIRTH (month, day, year) Oct 6 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	9	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME Geo. Henderson.

14. BIRTHPLACE (city or town) (State or country) Maryland Germany

15. MAIDEN NAME Eliz. Stansbery

16. BIRTHPLACE (city or town) (State or country) Maryland Germany

17. INFORMANT Wife.

(Address) 3648 Hanover street.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date July 13. 1937

19. UNDERTAKER John F Young

(Address) 715 Light St.

Lexington Williams

JUL 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/10 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/10 . 1937 to 7/10 . 1937

I last saw him alive on 7/10 . 1937 Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis arteriosclerotic gangrene. — Date of onset 6/10 (?) 7/10/37 approx.

Other contributory causes of importance:

arteriosclerotic H.T. disease — one year.

Was an operation performed? yes Date of 5/19/37

For what disease or injury? Gangrene left foot.

What test confirmed diagnosis? clinical Was there an autopsy? no.

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no. If so, specify

(Signed) Wm Lewis M. D.

(Address) W 3 y 11

F 37202

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37202

CERTIFICATE OF DEATH

Registered No. 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 Patapsco St. 23-2 Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME James A Nash

(a) Residence: No. 1405 Patapsco St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (not ~~WIFE of~~) Clara V Nash

6. DATE OF BIRTH (month, day, year) March 7 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Nash

14. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER

15. MAIDEN NAME Bernetta Green

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT Mrs Emma V Nash

(Address) 1405 Patapsco St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date July 12. 1937

19. UNDERTAKER John F Dennis

(Address) ...

JUL 12 1937

Filed ... 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9 1937

22. I HEREBY CERTIFY, That I attended deceased from June 7 1937 to July 9 1937

I last saw him alive on July 9 1935 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	2 days
Other contributory causes of importance Arterio Sclerosis	1 yr

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C W Mellor M. D.

(Address) 209 William W

M. D. B 1268-9

O.K. Paul Schreiber, M.D.

37203

HEALTH DEPARTMENT—CITY OF BALTIMORE

37203

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home & Infirmary 6-5 Registered No. 186-a

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Frances Wimmer

(a) Residence: No. Glen Burnie St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Frank Wimmer

6. DATE OF BIRTH (month, day, year) Dec. 3d, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67 68	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home of 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Vogelmeier

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Frances Blaschnauer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank X. Wimmer Jr

(Address) Glen Burnie

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross R.R.Co. Date July 14. 1937

19. UNDERTAKER John F. Denny

(Address) 715 Light St

FILED JUL 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-11-37. 19

22. I HEREBY CERTIFY, That I attended deceased from June 16 . 1937 to July 11 . 1937

I last saw her alive on July 11 . 1937. Death is said to have occurred on the date stated above, at 5 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	
Ventricular Fibrillation	6-16-37
Myocardial Failure	7-11-37
Other contributory causes of importance:	
Fracture Neck right femur	6-16-37
Decubitus Ulcer	6-30-37

(Over)

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 6-16-37 19 ...

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fall

Nature of injury Fracture Femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wesley J. Ketz M. D.

(Address) Church Home & Infirmary

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

37204

CERTIFICATE OF DEATH

F 37204

✓ 46-5

46-25

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 W. Lexington St. (Hospital or Institution) Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Torrence

(a) Residence: No. 1003 W. Lexington Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Heath

6. DATE OF BIRTH (month, day, year) — 1876

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress & Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Salisbury N. Carolina

13. NAME Julius Torrence

14. BIRTHPLACE (city or town) (State or country) N. Carolina

15. MAIDEN NAME Margret Torrence

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Raymond Torrence

(Address) 1003 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date , 19

19. UNDERTAKER Walter Burns & Co

(Address) 1 W. Franklin St

(Date) 7 12 1937 Huntington Maryland

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7.10.37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 7.7.37 . 19 . to 7.10.37 . 19

I last saw h alive on 7.9.37 . 19 Death is said to have occurred on the date stated above, at 4:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	(?)

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Phys. Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M. Lair M. D.

(Address) 865 W. Lexington

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37205

CERTIFICATE OF DEATH

F 37205

Registered No. 210-7

1. PLACE OF DEATH Provident Hospital St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME Donald Johnson

(a) Residence: No. 1102 Lanvale Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-28-1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md Johnson

FATHER

13. NAME Joseph Johnson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Estella Daniels

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Estella Daniels

(Address) 1102 Lanvale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date July 12, 1937

19. UNDERTAKER Knight & Hunt Co. Inc.

(Address) 420 Druid Hill Ave

1. 12 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH 12.20A

21. DATE OF DEATH (month, day, year) 7-9-37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[illegible] Shock	7-7
Ruptured Spleen	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Laparotomy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Date of injury 7-7, 1937

Where did injury occur? Front of 800 Nidls Ave (Specify city or town, county, and State)

Specify whether injury occurred in Industry, home, or in public place Street

Manner of injury Ran in front of

Nature of injury Moving Auto

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert Bailey Autop M.D. Coroner

(Address) 907 N Gilmor St

S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37206

F 37206

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Universal Hosp. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME WILMA Eric Conyers Rolle

If U. S. Veteran specify WAR

(a) Residence: No. 1331 Belmont St NW St., Washington DC Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 7 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward C. Rolle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth M Ulrich

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Amelia Rolle

(Address) 283 Warren St Albany N Y

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md. Date July 13 1937

19. UNDERTAKER William J Sweeney & Son

(Address) North & Pennsylvania Ave

JUL 12 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 1937

22. I HEREBY CERTIFY, That I attended deceased from July 4 1937 to July 10 1937. I last saw her alive on July 10 1937. Death is said to have occurred on the date stated above, at 2:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	
Anaemia	7/6/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George M. Laws M. D.

(Address) Medical Surg Prof

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37207

CERTIFICATE OF DEATH

94-F 37207

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. THE UNION MEMORIAL Hosp. St. 7-11 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOHN LAMPKIN ROBERTSON Sr. If U. S. Veteran specify WAR

(a) Residence: No. 4415 GREENWAY St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lilly D. Robertson

6. DATE OF BIRTH (month, day, year) Dec. 12 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pres. American

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fur. Mfr. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER 13. NAME Randolph Robertson

14. BIRTHPLACE (city or town) (State or country)

MOTHER 15. MAIDEN NAME Elizabeth Potter

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs Lilly D. Robertson (Address) 4415 Greenway

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem. Date July 14 37

19. UNDERTAKER Wm. Fielder Sons (Address) Greenmount Ave

20. FILED JUL 12 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from JUNE 28, 1937 to JULY 11, 1937

I last saw him alive on JULY 10, 1937. Death is said to have occurred on the date stated above, at 12 30 A.M.

The principal cause of death and related causes of importance were as follows: Coronary Thrombosis — Date of onset Nov. 1936

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Nature of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Union Memorial Hosp.

F 37208 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37208

CERTIFICATE OF DEATH

Registered No. 191

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3528 Hayward Ave. Ward) 7-18

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elmira M. Bosley

(a) Residence: No. 3528 Hayward Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Bosley

6. DATE OF BIRTH (month, day, year) May 5, 1864

7. AGE: Years 73 | Months 2 | Days 6 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

13. NAME John D Hutchins

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Amanda Nelson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. May Mohlberg

(Address) 3528 Hayward Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 13 37

19. UNDERTAKER Wm Proctor Lee Bond

(Address) North & Pa Ave. Washington, D.C.

20. FILED JUL 12 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from April, 1937, to July 10, 1937

I last saw her alive on July 10, 1937. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Exhaustion	7-9-37
Other contributory causes of importance: Cerebral arteriosclerosis & senility	unknown

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) C. D. Ensor M. D.

(Address) 4936 Park Heights Ave.

F 37209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

F 37208

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 W Mulberry St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rosaria Margaretta D'Anna

(a) Residence: No. 503 W Mulberry St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race W

5. Single, Married, Widowed, or Divorced (Write the word) Single.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-9-37.

7. AGE — Years | Months | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Salvatore D'Anna

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Naomi Holter

16. BIRTHPLACE (city or town) (State or country) Bloomsburg Pa.

17. INFORMANT Salvatore D'Anna
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date July 12 1937

19. UNDERTAKER Frank V. Popolino
(Address) 2[illegible]

20. FILED 7 12 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-11, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-8-, 1937, to 7-11-, 1937. I last saw her alive on 7-11, 1937. Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

a. Premature Birth —

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify.

(Signed) S. Jennerich M. D.

(Address) Medical Arts Bldg.

37210 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 37210

CERTIFICATE OF DEATH

Registered No. 82-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 Lanvale Ave St. 20-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. 6 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Emma Loggins

(a) Residence: No. 1807 Lanvale Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bradley Loggins

6. DATE OF BIRTH (month, day, year) 12-8-1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) June 1937

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME James H. Owens

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Esther Carter

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Evelyn Loggins

(Address) 1807 Lanvale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date July 12 1937

19. UNDERTAKER Chas. G. Cooper.

(Address) 514 N. Calhoun St.

20. FILED JUL 12 1937 Lexington Williams Reg

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-15, 1937, to 7-9, 1937

I last saw her alive on 7-9, 1937 Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	6-15-37
Other contributory causes of importance: Arterio Sclerosis & Hypertension	unknown

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank H. Saunders, M. D.

(Address) 1059 N. Stricker St.

F 37211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

24827--EF

F 37211

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 24-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 55 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Julia Pflaum

(a) Residence: No. 516 E. Clement St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 5-10-1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	2		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. midwife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date July 12 1937

19. UNDERTAKER Margaret Kilgour
(Address) 1420 Light St

20. FILED ..... 19.. Registrar

JUL 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1937, to July 10, 1937.

I last saw her alive on July 10, 1937. Death is said to have occurred on the date stated above, at 12:40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	6-26-37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. A. De Lautelle, M. D.

(Address) Baltimore City Hospitals

F 37212

HEALTH DEPARTMENT—CITY OF BALTIMORE

212

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 Lewis st Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Geo. Warren

If U.S Veteran specify WAR ....

(a) Residence: No. 409 Lewis St St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) ...

7. DATE OF BIRTH (month, day, year): unknown

8. AGE — Years: Appro 52 — Months: — — Days: — — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 20 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): D.C.

MOTHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): unknown

FATHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT (Address): Etta Newman Friend 409 Lewis St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvary Cem Date: July 12 37

19. UNDERTAKER (Address): Robt H Wilkins 1515 Mc Cculloh St Baltimore, Md

20. FILED ... 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 8 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15 1937 to July 8 1937.

I last saw him alive on July 7 1937. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis — Date of onset about 8 mos

Other contributory causes of importance:

Arterio-Sclerosis Hemiplegia and Myocarditis

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Physical & Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place:

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. J. Young M. D.

(Address) 1424 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37213

7213

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD.

CITY OF BALTIMORE: (No. 51-1 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR World War

2. FULL NAME William S. Green

(a) Residence: No. 1024 Warner St., Balto. Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	negro	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of - Ethel B. Gray

6. DATE OF BIRTH (month, day, year) Sept. 6, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) Mar. 1936

11. Total time (years) spent in this occupation. unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Perry Green

14. BIRTHPLACE (city or town) ?
(State or country) Maryland

MOTHER

15. MAIDEN NAME Alice Valley

16. BIRTHPLACE (city or town) ?
(State or country) Maryland

17. INFORMANT Records - U. S. Marine Hospital,
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place U.S. National cem. Date July 13 1937

19. UNDERTAKER Adolphus Halstead
(Address) 9 E. Lanvale St.

20. FILED JUL 12 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1937 to July 9, 1937

I last saw him alive on July 9, 1937. Death is said to have occurred on the date stated above, at 8:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis, chronic, tuberculous	June 1937
Tuberculosis, acute, miliary, general	June 1937

Other contributory causes of importance: one

Was an operation performed? Yes Date of June 16, 23, 1937.

For what disease or injury? Ascites, cause undetermined.

Name of operation Paracentesis

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) I. M. H. Anderson, M. D.

(Address) U. S. Marine Hospital, Balto. Md.

37214 ✓ F 37214

37214 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 82-a

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital Ward) 1
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Stevenson Stanley — If U. S. Veteran specify WAR

(a) Residence: No. 212 Freedom St — Ward. Havre de Grace, Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER
13. NAME Isaac Stevenson
14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER
15. MAIDEN NAME Hannah Curtis
16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT John Stanley (Address) Aberdeen Md

18. BURIAL, CREMATION, OR REMOVAL
Place Union M. E. Cemetery Date July 17th, 1937

19. UNDERTAKER Henry Fanning Sons (Address) Aberdeen Md

20. FILED 7-2 1937 Harford Co Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-21, 1937, to 7-17, 1937
I last saw h[illegible] alive on 7-12, 1937 Death is said to have occurred on the date stated above, at 7:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-11-37
Hypertension	
Other contributory causes of importance: None	

Was an operation performed? no Date of —
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If [illegible]

(Signed) H. D. Carr M. D.
(Address) 515 Mosher St

M. D. P. 1268-9

F 37215

37215

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 550 4 Fair Oaks Ave Ward) 27-6 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter R. Meeks C 2359294

(a) Residence: No. 550 4 Fair Oaks Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 17-1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Wesley Meeks

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Annie C. Egger

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary Jane Meeks
(Address) 550 4 Fair Oaks Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date July 14, 1937

19. UNDERTAKER R. A. Harvey Co
(Address) 1620 Carbuton Ave

20. FILED [illegible]

2 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1936 to July 11, 1937

I last saw him alive on June 25, 1937. Death is said to have occurred on the date stated above, at 8:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic glomerulo-nephritis with terminal uraemia	1936
Other contributory causes of importance: Tuberculosis of lungs	1936

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

Urinalysis, Sputum & X-Ray

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) S. Kendig Wallace M. D.

(Address) 2839 Walbrook Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37216

37216

CERTIFICATE OF DEATH

119

Registered No.

1. PLACE OF DEATH South Baltimore Gen. Hosp. St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert J. Cierkes

(a) Residence: No. 626 S. Bond St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 12 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	-	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Julian W. Cierkes

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Catherine Sobalka

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Catherine Cierkes (Address) 626 S. Bond St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date July 13 1937

19. UNDERTAKER John J. Welsh (Address) 401 E. Chester St

20. FILED 19 Wellington Williams, M.D.

JUL 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 7 1937 to July 9 1937

I last saw h/ alive on July 7 1937. Death is said to have occurred on the date stated above, at 10:09 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infectious Diarrhea	7/3/37
Malnutrition	7/3/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis J. Krolle M. D.

(Address) South Gate. Baltimore, Md.

37217 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 37217

CERTIFICATE OF DEATH

X 18

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 9-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Wilbur C Henry

(a) Residence: No. 6 Tulip Ave, Foley St., Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 28, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Distillery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Covington, Ky

MOTHER FATHER

13. NAME Wilbur Charles Henry

14. BIRTHPLACE (city or town) (State or country) Loveland, Ohio

15. MAIDEN NAME Bessie Smethurst

16. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

17. INFORMANT Mother

(Address) Same

18. BURIAL, CREMATION OR REMOVAL Heavilin Cemetery Date July 12 1937

Montgomery, Ohio

19. UNDERTAKER Easton & Sons

(Address) Elkton City

20. FILED JUL 12 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1937 to July 11, 1937

I last saw him alive on July 11, 1937 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	7-5-37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Culture spinal fluid What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis D Schwentker M. D.

(Address) Sydenham Hospital

37218 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 37218

CERTIFICATE OF DEATH

46-B

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2104 Allendale Rd Ward) 15-8

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME J. Paul Stuber

(a) Residence: No. 2104 Allendale Rd St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) 11/14/1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk State Dept

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ind. Acc. Com.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME J. Paul Stuber

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Anna Doyle

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs E. A. Stuber
(Address) 2104 Allendale Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 7/13/37 19

19. UNDERTAKER J. J. Fahey & Sons
(Address) 1318 Light St

20. FILED 19 ..... Registrar

JUL 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 3 1937 to July 10 1937

I last saw him alive on July 10 1937 Death is said to have occurred on the date stated above, at 9:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	6 Mo.
	?

Other contributory causes of importance:

Chronic myocarditis	6 mos.
Cystitis Hypertension	1 wk.
Congestion of Lungs	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-Ray & Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Jas. H. Blumberg M. D.

(Address) 2000 Hoeland Rd

F 37219

7219

HEALTH DEPARTMENT—CITY OF BALTIMORE

6074-- OM

CERTIFICATE OF DEATH

Registered No. 34-95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City hospts. St. 72-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Addison (John) (Unknown at this address)

(a) Residence: No. 815 S. Hanover St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-25-~~1867~~ 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	~~60~~	~~11~~	~~31~~	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

10a. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John Addison

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Georgana

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date JUL 12 1937

Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

JUL 12 1937 Huntington Williams, MD

3343

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to July 6, 1937.

I last saw him alive on July 6, 1937. Death is said to have occurred on the date stated above, at 9'15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia about	7/3/37
Arteriosclerotic heart disease	
Other contributory causes of importance: Syphilis	
Urinary extravasation about	7/3/37
Urethral strictures before	1931

Was an operation performed? yes Date of 7/4/37

For what disease or injury? Urinary extravasation

Name of operation Supra pubic cystotomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

M. D. B. 1268-9

37220

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37220

157-C

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1218 Marshall St. 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos. 1 ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Baby Boy Wisniewski

(a) Residence: No. 1218 Marshall St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 11, 1937

7. AGE	Years	Months	Days	If LESS than 1 day 22 hrs. or ....min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Daniel Wisniewski

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Katherine Thomas

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Father

(Address) 1218 Marshall St.

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date JUL 12 1937 19....

COMMISSIONER OF HEALTH

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED 12 1937 Huntington Williamsport Md. Registrar

(Deputy)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1937 to July 12, 1937

I last saw him alive on July 11, 1937. Death is said to have occurred on the date stated above, at 5:30 A.m.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency — Date of onset 7-11-37

Other contributory causes of importance:

Heat — 7-12-37

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. C. Fullod M. D.

(Address) 707 E. Fort Ave.

37221 F 37221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 22030--CM

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 3-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1887 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Bellelson

If U. S. Veteran specify WAR

(a) Residence: No. 36 S. High St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 5-6-1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	2	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Chas. Bellelson

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Harriet Fryfgole

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

UNIVERSITY MEDICAL SCHOOL JUL 12 1937

Commissioner of Health

19. UNDERTAKER

(Address) Per H. A. Moore

12 1937 Registrar.

3343

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1937, to July 9, 1937.

I last saw him alive on July 8, 1937. Death is said to have occurred on the date stated above, at 9:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance: Bronchopneumonia	7-6-37

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. L. De Santelle M. D.

(Address) Baltimore City Hospitals

F 37222

37222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-R

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 1-2 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 55 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Solomon Herman

(a) Residence: No. 1230 St. Paul St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	M.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Herman

7. DATE OF BIRTH (month, day, year) 2-7-1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	5	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

13. NAME Jacob Herman

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Celia Coffman

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Herbert J. Herman
(Address) 1230 St Paul St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oheb Shalom Date 7-13 1937

19. UNDERTAKER David Sandheim & Son
(Address) 1902 Eutaw Pl.

20. FILED JUL 12 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1937 to July 10, 1937

I last saw him alive on July 10, 1937. Death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7-5-37
Pulmonary oedema	7-10-37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Bernard Lichman, M. D.

(Address) Sinai Hospital

F 37223

37223 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. General Hosp. St., Ward 8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby boy Thomas.

If U.S. Veteran specify WAR ...

(a) Residence: No. 36 21 Gist-Heights St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 8, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			2 1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME James Edward Thomas

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Sarah Marks Cole

16. BIRTHPLACE (city or town) (State or country) Charlotte N. C.

17. INFORMANT (Address) Mother Sarah Marks Cole Thomas

18. BURIAL, CREMATION, OR REMOVAL

Place Maryland Hospital Date ... 19...

19. UNDERTAKER

(Address)

19... Registrar

JUL 12 1937 Arlington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1937 to July 9, 1937

I last saw him alive on July 9, 1937 Death is said to have occurred on the date stated above, at 4:45 p.m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	7-8-37
atelectasis	7-8-37

Other contributory causes of importance: None

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis Clinical & Pathological Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) W. L. Mansfield, M. D.

(Address) Md. General Hosp.

37224

HEALTH DEPARTMENT—CITY OF BALTIMORE

#24490

CERTIFICATE OF DEATH

F 37224

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 17-2 Ward) 95-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elsie Blake

If U. S. Veteran specify WAR

(a) Residence: No. 510 Oxford St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/10/1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	4	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME

14. BIRTHPLACE (city or town) West Blake
(State or country) Md.

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Eliza Henson
(State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place M. T. Cemetery Co. Date July 12, 37

19. UNDERTAKER Robertson Habkirk Co.
(Address) Washington, D. C.

20. FILED JUL 12 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1937, to July 9, 1937.

I last saw her alive on July 9, 1937. Death is said to have occurred on the date stated above, at 4:35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular disease	Unknown
Other contributory causes of importance:	
Bronchopneumonia	7-1-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? , Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. A. De Lawlette M. D.

(Address) Baltimore City Hospitals

37225 F 37225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

168

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital 2-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Clementsen

(a) Residence: No. 1718 E. Fairmount St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	?

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Adult	33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Eastern Police Station

(Address) Balto, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date JUL 12 1937

19. UNDERTAKER Per H. A. Moore

(Address)

12 1937 Kingston for Williams

V S 6 3357

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Multiple lacerations of both arms & chest. — Date of onset .....

Other contributory causes of importance:

Hemorrhage

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 6/26/1937

Where did injury occur? 1718 E. Fairmount St. Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Cut self with

Nature of injury razor blade.

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schenkus Coroner, M. D.

(Address) 1912 E. North Ave.

7226 ✓ 7226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

198

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Md Penitentiary 954 Forrest St. 10-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME James Irving Howard

(a) Residence: No. 954 Forest St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 17th 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Linn Grundel Co, Maryland

MOTHER FATHER

13. NAME Samuel Howard (Living)

14. BIRTHPLACE (city or town) (State or country) Linn Grundel Co, Maryland

15. MAIDEN NAME Janie Jackson (Living)

16. BIRTHPLACE (city or town) (State or country) Linn Grundel Co, Maryland

17. INFORMANT Himself
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date JUL 12 1937 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. JUL 7 1937 19 Registrar

3546

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9 1937

22. I HEREBY CERTIFY, That I attended deceased from April 27th 1937 to July 9th 1937

I last saw h... alive on July 9th 1937. Death is said to have occurred on the date stated above, at 12:17a m.

The principal cause of death and related causes of importance were as follows:

Dislocations of 5th Cervical Vertebra. — Date of onset

Other contributory causes of importance: None

Was an operation performed? ... Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John I. Lanahan M. D.

(Address) Jerome Leonardtown Md.

F 37227

37227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12-21

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. George Washington Snyder

If U. S. Veteran specify WAR .....

(a) Residence: No. ..... St. Westminster, Maryland Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie M Snyder

6. DATE OF BIRTH (month, day, year) Aug. 18-1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	9 10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Abraham Snyder

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Susannah Fuss

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Elsie M Snyder

(Address) Westminster Md

18. BURIAL, CREMATION, OR REMOVAL

Place Manchester Md Date 7-15 1937

19. UNDERTAKER Wade, Wirt & Sons

(Address) Manchester Md

20. FILED JUL 16 1937 Hugh Pickett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1937 to July 12 1937

I last saw h.IM alive on July 12 1937 Death is said to have occurred on the date stated above, at 10:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral bronchio-pneumonia.	7-11-37
Typhoid fever.	5-10-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Robert F. Diver M.D.

(Address) Union Memorial Hosp.

228

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37228

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 S. BAYLIS ST St., 24-9 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME JOHN SIMON

(a) Residence: No. 1100 S. BAYLIS ST. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of MARGARET SIMON

6. DATE OF BIRTH (month, day, year) JAN 19/1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	5	22 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABORER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT COPPER WORKS

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER FATHER

13. NAME JOHN SIMON

14. BIRTHPLACE (city or town) (State or country) GERMANY

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) GER MANY

17. INFORMANT MARGARETT SIMON (WIFE
(Address) 1100 S. BAYLIS ST

18. BURIAL, CREMATION, OR REMOVAL
Place HOLY REDEEMER Date JULY 13, 37

19. UNDERTAKER Foley & Sisler Inc
(Address) 403 S. WOLFE ST

JUL 12 1937 19 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from April, 1937 to July 8, 1937.
I last saw h[illegible] alive on July 8, 1937 Death is said to have occurred on the date stated above at 9/45 m. PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days
Other contributory causes of importance:	
Senility	
Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fredrick H Gardner M. D.

(Address) 3400 Eastern Ave

37229 ✓ F 37229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 27-16 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Mary Hagedorn (HAGEDORN)

(a) Residence: No. 3408 Dupont Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fredrick Hagedorn

6. DATE OF BIRTH (month, day, year) May 18, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Washington Morrison

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Harriet Murphy

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. Fredrick Hagedorn (Address) 3408 Du Pont Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Woodland Memorial 7/17 1937

19. UNDERTAKER Gorman Lennon (Address) 4611 Pk. Hts.

20. FILED JUL 13 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1937 to July 10, 1937

I last saw her alive on July 10, 1937. Death is said to have occurred on the date stated above, at 10:16 P.m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Hypertension C.V. Disease	
Cerebral Hemorrhage	July 2 1937
Bronchs Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) Richard H Pembroke M. D.

(Address) Mercy Hospital

M. D. B 1268-9

✓ F 37230

7230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18-34-130

Registered No. 18-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Gladys Emerick

(a) Residence: No. 853 W. Lombard St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 25 1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. No

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hyvoman Pa

FATHER

13. NAME Benjman Emorick

14. BIRTHPLACE (city or town) (State or country) Williams Pa

MOTHER

15. MAIDEN NAME Mabel Poorbaugh

16. BIRTHPLACE (city or town) (State or country) Fair Hope Pa

17. INFORMANT Louis Stein, Jr.
(Address) Cumberland, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cumberland, Md. Date July 15, 19 37

19. UNDERTAKER
(Address)

17 1937 Washington Co., Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to ... death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	
Cath. Pneumonia	7 days
Acute Edema & Congestion of Lungs	3 days

Other contributory causes of importance: none

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. H. Allen M. D.

(Address) 2757 W. Lombard St. Coroner

✓ F 37231

231

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

165

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Keith & New Kirk 1 2 (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Sobieszynski

(a) Residence: No. 2322 Essex St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Stanislawa Sobieszynski

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Jan Sobieszynski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Zofia

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Stanislawa Sobieszynski
(Address) 2322 Essex Street

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date July 13th 1937

19. UNDERTAKER George A Weber
(Address) 740 S Ann St.

20. FILED ... Washington, Williamson, Clerk

JUL 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by Hanging	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation No. Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 7/10/37
Where did injury occur? Keith Ave New Kirk & L (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public.
Manner of injury Tying and hanging from tree
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) John J. Evans M. D.
Coroner
(Address) Coroner

✓ F 37232

37239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 Aisquith St., 10-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Sister Mary Gualberta Rekoyski

(a) Residence: No. Convent of Notre Dame (Usual place of abode) St., ... Ward. ..... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) Oct 28, 1869

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 065

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Martin Rekoyski

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Fritz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sr. Mary Loska

(Address) Notre Dame.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date July 13" 1937

19. UNDERTAKER Geo. M. Enoch Son

(Address) 811 N. Howard St

Huntington Pittsman MD

2 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11th 1937

22. I HEREBY CERTIFY, That I attended deceased from May 5th, 1937, to July 11th, 1937

I last saw her alive on July 9th, 1937. Death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma	
Liver - following	
Carcinoma Left Breast	
Other contributory causes of importance:	
	Nov 1936

Was an operation performed? yes - no Date of May 1937

For what disease or injury? .....

Name of operation Radical Mast Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) F. J. Kirby M. D.

(Address) 1106 E. North Ave.

F 37233

233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 18

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 9-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles P. Phipps

If U. S. Veteran specify WAR .....

(a) Residence: No. Rising Sun, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 23, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	7	18	11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Galax Va. (State or country)

MOTHER FATHER

13. NAME Kyle Phipps

14. BIRTHPLACE (city or town) Independence Va (State or country)

15. MAIDEN NAME Ethel Phipps

16. BIRTHPLACE (city or town) Bridle Creek Va (State or country)

17. INFORMANT Ethel Phipps

(Address) Rising Sun, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Galax Va. Date July 12, 1937

Norfolk & W. R.R.

19. UNDERTAKER John A. Denny

(Address) 715 Light St

20. FILED ..... 19..... Registrar.

2 1937 At Eaton Williams, Md

14

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) July 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1937 to July 11, 1937

I last saw him alive on July 11, 1937 Death is said to have occurred on the date stated above, at 3 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	7-9-37
Meningococcus septicemia	7-9-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis D. Schwentker M. D.

(Address) Sydenham Hospital

✓ F 37234

7234 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hos. St. 16-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Was U. S. Veteran? specify WAR

2. FULL NAME Cecilia Kocur

(a) Residence: No. 3916 Fait Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Walenty Kocur

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Twardowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Anna Kocur
(Address) 3916 Fait Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart of Mary Date July 14

19. UNDERTAKER Fred W Czarnecki
(Address) 1930 Eastern Ave.

20. FILED 2 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11 .37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: Toxemia

Date of onset

Fracture of Left Femur June 12 .37

Other contributory causes of importance: Setting leg

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury June 37

Where did injury occur? 3916 Fait Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell on floor in the room.

Nature of injury 37

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Kraus Coroner M. D.

(Address) 612 N 40

37235 F 37235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 c

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1116 N. Fulton ave St., (Ward) 16-4

Registered No.
(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Charles H. Williams

(a) Residence: No. 1116 N. Fulton ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Mal 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 12 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) VA

FATHER

13. NAME Hutchinson

14. BIRTHPLACE (city or town) (State or country) VA

MOTHER

15. MAIDEN NAME Hutchinson

16. BIRTHPLACE (city or town) (State or country) VA

17. INFORMANT Mrs. Mitch
(Address) 1116 N. Fulton ave,

18. BURIAL, CREMATION, OR REMOVAL
Place Patapsco Date July 13 1937

19. UNDERTAKER Jerry T. Little
(Address) 2106 Eutaw pl.

2 1937 Huntington Williams, MD
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. 4 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) Chas Carver M. D.
Coroner

(Address) 1245 Harlem

F 37236

37236 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-2

CERTIFICATE OF DEATH

13-2 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2217 Brookfield Ave ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR No

2. FULL NAME Louis S. Fernheimer

(a) Residence: No. 2217 Brookfield Ave (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Fanny Fernheimer

6b. DATE OF BIRTH (month, day, year): Sept 24 1857

7. AGE: Years 79; Months 9; Days 17; If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc.: Retired Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

13. NAME: Samuel Fernheimer

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Mary Feust

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Bertha Fernheimer

(Address): 2217 Brookfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Har Sinai Cemetery Date: 7/13/ , 1937

19. UNDERTAKER: J. Thos. Hayes & Co

(Address): 1222 Eutaw Pl

Filed: 7 12 1937 Washington Pittsburgh Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-11, 1937

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to 7-11, 1937

last saw h... alive on 7-11, 1937. Death is said to have occurred on the date stated above, at 7.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis ?	1925
Hypertension	
gangrene foot	1937

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Kurt J. Steinmueller, M. D.

(Address) 1212 St. Paul St.

F 37237

37237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Mem. Hospital 172-B Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Nelson L. Baker

(a) Residence. No. 2001 Maryland St., Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hilda Baker

6. DATE OF BIRTH (month, day, year) April 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fireman on RR
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Nelson Baker
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Libby R Mayer
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Nelson Baker
(Address) 925 W 37th St

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Nat'l Cem Date July 13 1937

19. UNDERTAKER Chinoweth & Son.
(Address) 3615-17 Eastern Ave

20. FILED Huntington Williams, M.D.
JUL 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Volvulus

Date of onset

Other contributory causes of importance:

Was an operation performed? Yes. Date of July 7 1937
For what disease or injury? Volvulus
Name of operation Exploratory Laparotomy Date
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If specify .....

(Signed) John A Crain M. D.
Coroner
(Address) Coroner

✓ F 37238

37238 HEALTH DEPARTMENT—CITY OF BALTIMORE

46-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 N. Robinson St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. 9 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Henry Dougherty

If U. S. Veteran specify WAR No.

(a) Residence: No. 532 N. Robinson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Mary E. Dougherty

6b. DATE OF BIRTH (month, day, year): Sept. 13, 1894

7. AGE: Years 42 | Months 9 | Days 29 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Repairman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Railroad

10. Date deceased last worked at this occupation (month and year): May 10 1937

11. Total time (years) spent in this occupation: 20 yrs +

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME OF FATHER: Wm. F. Dougherty

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME OF MOTHER: Elizabeth Hill

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mrs. Mary E. Dougherty

(Address) 532 N. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL: Place Baltimore Cem. Date July 14 1937

19. UNDERTAKER: H. Sander Sons Inc.

(Address) 1710 Pearl St. Huntington Williams Woods

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1937 to July 11, 1937

I last saw h alive on July 10, 1937 Death is said to have occurred on the date stated above, at 6:30 A.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma fundus stomach and loss 1/3 of oesophagus

Metastasis Liver & Lung

Date of onset: 4 mo

Other contributory causes of importance:

Anemia

Date of onset: 3 yr +

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X Ray - Gi analysis Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Leo Schlenger M. D.

(Address) 3034 E Baltimore St

Leo Schlenger

37239 F 37239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4515 Garrison Blvd. St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Frances Beavin

(a) Residence: No. 2829 Erdman Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert T. Beavin

7. DATE OF BIRTH (month, day, year) Sept. 29, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Boyd, Md.

FATHER

13. NAME William Goodrich

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Matilda E.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Albert T. Beavin
(Address) 2829 Erdman Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date July 13, 37

19. UNDERTAKER Henry Sander & Son, Inc.
(Address) Baltimore St. & Broadway

20. FILED 7/12 1937 H. Lenox Williams, M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1937 to July 12, 1937

I last saw h.. alive on July 10, 1937 Death is said to have occurred on the date stated above, at 6 55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis —	1936 — 3
myocarditis —	

Other contributory causes of importance: Acute Dilatation of Heart. July 10-37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Lenox Williams M.D.

(Address) 1000 Cathedral St. Balto. Md.

Lauretta

37240

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37240

CERTIFICATE OF DEATH

167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2533 Loretta Ave. St., 20-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma K. Saville.

If U. S. Veteran specify WAR

(a) Residence: No. 2533 Loretta Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Male~~ Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: (or) WIFE of Raynobd F. Saville.

6. DATE OF BIRTH (month, day, year) November 23, 1891

7. AGE: Years 45 | Months 7 | Days 19 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Havre de Grace.

FATHER

13. NAME Lewis O. Wilson.

14. BIRTHPLACE (city or town) (State or country) Havre de Grace, Md.

MOTHER

15. MAIDEN NAME Emma Green.

16. BIRTHPLACE (city or town) (State or country) Havre de Grace, Md.

17. INFORMANT Jennette Parks. (daughter)

(Address) 2533 Loretta Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Angel Hill Date July 14 19 37

19. UNDERTAKER H. Madison Mitchell

(Address) Havre de Grace, Md.

20. FILED JUL 13 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal hemorrhage.	
Pistol shot wound of left chest.	
Suicide.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 7/12/37

Where did injury occur? 2533 Loretta Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Pistol shot wound

Nature of injury Internal Hemorrhage.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt, M. D.

7/12/37 (Address) 1017 S. Charles St. Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

37241

CERTIFICATE OF DEATH

F 37241

1-595

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eustace Boston

If U. S. Veteran, specify WAR Navy Record

(a) Residence: No. Johnstown Pa St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 29 1903 1904

7. AGE: 33 Years 34 | Months: 11 | Days: 13 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ins. Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Life Ins. Co

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Charles M. Boston

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Anna Voith

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Chas. M. Boston Johnstown Pa

(Address) 930 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cem July 15 1937

Place

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Huntington Williams & Co

JUL 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1937 to July 12, 1937

I last saw him alive on July 12, 1937. Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart disease	
Cardiac decompensation	Feb, 1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard Lidman, M. D.

(Address) Sinai Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

24709--M F 37242

F 37242

CERTIFICATE OF DEATH

13-694-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 13 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Harry J. Hayward

(a) Residence: No. 854 W. 33rd St., St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wilhelmina Hayward

DATE OF BIRTH (month, day, year) 3-23-1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	4	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baggage Checker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B& O Railroad

10. Date deceased last worked at this occupation (month and year) Feb/37

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John W. (D) Hayward

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Johnson (D)

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City nospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date July 13 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

FILED JUL 13 1937 Lexington Williams Sec

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to July 7 1937

I last saw h alive on July 1 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer rectum	

Other contributory causes of importance:

Edema Extremities	Mar 1937
Anemia	June 1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. McCauley, M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

37243

CERTIFICATE OF DEATH

F 37243

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. City Hospital (St.) 7-3 (Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. Lifel ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR No Record

2. FULL NAME William H. Frederick
(a) Residence: No. 2204 Mc Elderry (Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or WIFE of): Mary L.
6. DATE OF BIRTH (month, day, year): May 25 1885 Yrs.
7. AGE: Years 52 | Months 1 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto Water Dept.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER
13. NAME: John Frederick
14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER
15. MAIDEN NAME: Budget Cookien
16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Mary L. Frederick 2204 Mc Elderry St

18. BURIAL, CREMATION, OR REMOVAL
Place: Moreland Mem. Date: 7/14 1937

19. UNDERTAKER (Address): William Cook 1717 St Paul St.

20. FILED 19 Registrar

JUL 13 1937

MEDICAL CERTIFICATE OF DEATH 11-16 PM

21. DATE OF DEATH (month, day, year): July 11 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate	

Other contributory causes of importance:

Was an operation performed? No. Date of
For what disease or injury
Name of operation Date of
What test confirmed diagnosis? C. M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A Evans Coroner M. D.
(Address)

Mrs M A N Keith

HEALTH DEPARTMENT—CITY OF BALTIMORE

37244 CERTIFICATE OF DEATH ✓ 53 E F 37244

Registered No.

1. PLACE OF DEATH Maryland Gen'l Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 12-6 St., Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR No Record

2. FULL NAME Mrs. M. A. N. Keith (Mary)

(a) Residence: No. 2522 N. Charles St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	W	Widowed

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. M. A. Keith

DATE OF BIRTH (month, day, year) March 4, 1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	4	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Charles Booth

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary V. Gorter

16. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

INFORMANT Mrs. John C. Wilkes

(Address) 3544 T St. N. W

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date July 13 1937

UNDERTAKER Wm. Cook

(Address) 1217 St Paul St

FILED JUL 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-10-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-8-37, 19, to 7-10-37, 19

I last saw her alive on 7-10-37, 19 Death is said to have occurred on the date stated above, at 3 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca of abdominal viscera	
Primary carcinoma unknown	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Feldman, M. D.

(Address) Maryland Gen'l Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37245

9-5-93-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3203 Greenmount Ave. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR No Record

2. FULL NAME John N.J. Deal

(a) Residence: No. 3203 Greenmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes C. Deal

6. DATE OF BIRTH (month, day, year) Aug. 28, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	10	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dealer in Books

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) July 1937

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William A. Deal

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Eliza Duncan

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Agnes C. Deal
(Address) 3203 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date July 13 1937

19. UNDERTAKER Wm Bosk
(Address) 1217 St Paul St

JUL 13 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 5, 1935 to July 10, 1937

I last saw him alive on July 10, 1937 Death is said to have occurred on the date stated above, at 11:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	August 1935
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of ----

For what disease or injury? -----

What test confirmed diagnosis Clinical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signature Geo. Morgan Gorry M.D.

(Address) 401 E. 25th Street

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37246 ✓131 F 37246

F 37246

1. PLACE OF DEATH St Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton aves St., 15-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry W Adams

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2020 Dukeland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eva Adams

6. DATE OF BIRTH (month, day, year) Feb 27 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water Works

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) St Mary's Co Maryland

MOTHER FATHER

13. NAME Henry Adams

14. BIRTHPLACE (city or town) (State or country) St Mary's Co Md

15. MAIDEN NAME Anne Elizabeth Redmond

16. BIRTHPLACE (city or town) (State or country) St. Mary's Co Md

17. INFORMANT Eva Adams

(Address) 2020 Dukeland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date July 14 1937

19. UNDERTAKER W J Cook

(Address) 1217 N Eutaw St

20. FILED JUL 13 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-12-1937

22. I HEREBY CERTIFY, That I attended deceased from July 6 1937 to July 12 1937

I last saw him alive on July 12 1937 Death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Renal Disease	?
Chronic Nephritis	
Other contributory causes of importance: Senile Demented	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrence J. Shumaker M. D.

(Address) St. Agnes Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

37247 F 37247

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp Ward) 9-459

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy O'Connor (LeRoy Thomas) (a) U.S. Veteran (Specify War) No Record

(a) Residence: No. 1514 Gorsuch Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 7/5/37

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME LeRoy O'Connor

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Esther Sear

16. BIRTHPLACE (city or town) (State or country) Annapolis Md

17. INFORMANT (Address) LeRoy O'Connor 1514 Gorsuch ave

18. BURIAL, CREMATION, OR REMOVAL Place Morland Park Date July 13 1937

19. UNDERTAKER (Address) Wm Cook 1217 E Pratt St Baltimore, Md

Registrar

JUL 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/12 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/8 1937 to 7/12 1937

I last saw him alive on 7/12 1937 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follow:

	Date of onset
Immaturity 7 mo	7/5/37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. M. Dysmond M. D.

(Address) Bon Secours Hosp

F 37248

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37248

CERTIFICATE OF DEATH

X √95-a

Registered No. 4-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos. 4 ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Mrs. Lillie Adams

If U. S. Veteran specify WAR

(a) Residence: No. Hampstead Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~: ~~HUSBAND of~~ (or) WIFE of Alvin Adams

6. DATE OF BIRTH (month, day, year) May 16 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	71	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER FATHER

13. NAME Frank Smith

14. BIRTHPLACE (city or town) (State or country) Kentucky

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT James Adams
(Address) Hampstead Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Woodlawn Date July 15 1937

19. UNDERTAKER Edward J Tipton
(Address) Hampstead Md

20. FILED JUL 13 1937 Registrar. GKL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1937, to July 12, 1937

I last saw her alive on July 12, 1937. Death is said to have occurred on the date stated above, at 1.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular fibrillation	7/1/37
Subacute decompensation	7/11/37
Hypostatic bronchopneumonia	7/11/37
Other contributory causes of importance: Cerebral embolism (left)	7/6/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ralph C Bush M. D.

(Address) Union Memorial Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37249 CERTIFICATE OF DEATH 191 F 37249

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 115 Mc Phail St. St., 20th Ward

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary P. Zimmermann

If U. S. Veteran specify WAR

(a) Residence: No. 115 McPhail St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late George H. Zimmermann

7. DATE OF BIRTH (month, day, year) Dec. 6, 1854.

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	7	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Roselinger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Johanna Schwartz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Johanna Crawford
(Address) 115 McPhail St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 7/13/37 19

19. UNDERTAKER Harry A Kutzke
(Address) 4101 Edmondson Ave.

JUL 13 1937 Huntington W. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from July, 1936 to July 11, 1937
I last saw her alive on July 10, 1937. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Other contributory causes of importance: Heat Exhaustion	2 days

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) David Kaufer, M. D.

7/12/37 (Address) Med. Arts Bldg Balto. Md.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37250 — CERTIFICATE OF DEATH — F 37250

Registered No. ✓193

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Revere Copper & Brass Co. St., 17-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Howard.(c) — If U. S. Veteran specify WAR ...

(a) Residence: No. 794 W. Mulberry St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of Maggie Howard.(c)

6. DATE OF BIRTH (month, day, year) October 4, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Crane man.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia.

MOTHER FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Maggie Howard.(wife)
(Address) 794 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Date 7/13 37 19

19. UNDERTAKER Wm A Jackson
(Address) 1611 Pennsylvania Ave

Registrar Huntington Williams, MD

JUL 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Electrocution.	
In contact with live wire.	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7/9/37 19

Where did injury occur? 1301 Wicomico St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry.

Manner of injury In contact with live wire

Nature of injury Electrocution.

24. Was disease or injury in any way related to occupation of deceased?
Yes. If so, specify ...

(Signed) ... M. D.
Coroner

7/10/37 Address) 1017 S. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37251 CERTIFICATE OF DEATH ✓ 108 F 37251

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 Winter St., 23-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. 8 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie Davis If U. S. Veteran specify WAR

(a) Residence: No. 126 Winter St, Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Davis

6. DATE OF BIRTH (month, day, year) Oct 22 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
42	43	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 3/37 11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME George Watts

14. BIRTHPLACE (city or town) (State or country) Accomac Co. Virginia

15. MAIDEN NAME Emeline Wingo

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Viola Boyd (Address) 126 Winter St

18. BURIAL, CREMATION, OR REMOVAL Place Pt Breeze Date July 13 1937

19. UNDERTAKER Walter E. Boyd & Co. (Address) 131 W. Hamburg St.

JUL 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/9 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/1 1937 to 7/9 1937

I last saw her alive on 7/9 1937 Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	7/1/37
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Hans Traupel M. D.

(Address) 1111 N Eutaw

37252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37252

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2042 Llewellyn Ave Ward) 10-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Hallsbury Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 4162 Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Johnson

6. DATE OF BIRTH (month, day, year) Nov 1 1903

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) NC

FATHER

13. NAME Henry Johnson

14. BIRTHPLACE (city or town) (State or country) NC

MOTHER

15. MAIDEN NAME Sarah Morris

16. BIRTHPLACE (city or town) (State or country) NC

17. INFORMANT Mrs Sarah Johnson

(Address) 4162 Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date July 13 1937

19. UNDERTAKER Tathe Gross

(Address) 1708 Ashland Ave

FILED JUL 13 1937 19

Clifton Williams, M.D.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Acute Exhaustion

Date of onset
July 10 1937

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation No Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) George L. Allen Coroner, M. D.

(Address) 5 E Fairmount Ave

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

37253

CERTIFICATE OF DEATH

146-B F 37253

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 53 S Stockton St., 18 Ward)

Length of residence in city or town where death occurred 56 yrs. 5 mos. 1 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lottie Moore

(a) Residence: No. 53 S. Stockton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Moore

6. DATE OF BIRTH (month, day, year) Feb 9 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	5	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Samuel Samson

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Yates

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT William Moore
(Address) 53 S Stockton

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date July 13th 1937

19. UNDERTAKER A. Jones
(Address) 111 S Eutaw St

FILED JUL 13 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/10 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/1 1937 to 7/10 1937

I last saw her alive on 7/10 1937 death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach and liver	4 mo

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) David Driver, M. D.

(Address) 122 W Lee

M. D. P. 1268-5

37254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 aF 37254

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 Mosher St. 16-2 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charlotte Hall

(a) Residence: No. 1504 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 25, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	64	7	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Frank Hall

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John Blair

(Address) 1504 Mosher st

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Cem. Date 7-13-37

19. UNDERTAKER George D. Kelson

(Address) 1302 Pennsylvania Ave

JUL 13 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1937 to July 8, 1937

I last saw her alive on July 8, 1937 Death is said to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral Hemorrhage	7/5/37
Other contributing causes of importance: Cystitis	6/20/37

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. H. Pratt M. D.

(Address) 1536 W. Lanvale St

HEALTH DEPARTMENT—CITY OF BALTIMORE

37255

CERTIFICATE OF DEATH

24726--CM

BF 37255

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospts. St. 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Benjamin Blake

(a) Residence: No. 811 Sharpe St., St., Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Wid.

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nellie (D)

DATE OF BIRTH (month, day, year) 5-7-1881

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Dave

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 7/13/37

19. UNDERTAKER Francis J. Brandenburg

(Address) 19 E. Montgomery St

FILED JUL 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1937, to July 10, 1937

I last saw h[illegible] alive on July 10, 1937. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hypertrophy & nephritis	Unknown
Urinary obstruction	7-3-37
Hernia	7-3-37

Other contributory causes of importance:

Carcinoma of lung	1 mo

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. Bartlett, M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37256 — 31628 — 95-P — F 37256

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 22 Ward 7)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Curry

(a) Residence: No. 607 Sharp St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: black | 5. Single, Married, Widowed, or Divorced (write the word): single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year): 6/27/21

7. AGE: Years 15 | Months 10 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION:
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER'S MAIDEN NAME:
13. NAME Liz Curry
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Louise Thomas
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Friends
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 7. 7. 37

19. UNDERTAKER Oswald L. Brown & Son
(Address) 1 of Monumental Ave

20. FILED OCT 13 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1937 to July 11, 1937

I last saw her alive on July 11, 1937 Death is said to have occurred on the date stated above, at 8 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	1932(?)
Left ventricular failure	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elizabeth H. Cliff, M. D.

(Address) Johns Hopkins Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37257

CERTIFICATE OF DEATH

F 37257

1. PLACE OF DEATH West Baltimore Hospital

CITY OF BALTIMORE: (No. ..... St., 16-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna M. Frizzell

(a) Residence: No. 2911 Druid Hill Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Frizzell

6. DATE OF BIRTH (month, day, year) April 28, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ingnes Kautf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Z.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Frizzell

(Address) Cor. 29th & Woodlawn

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Randallstown 7-13 1937

19. UNDERTAKER Ellis S. White

(Address) 2654 Madison Ave

13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described hereon and from the evidence above, held an (Inquest, Autopsy or Inquiry) find that said deceased came attained by said (Inquest, Autopsy or Inquiry) death on the day stated above. 12 45 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pancreatitis.	
Other contributory causes of importance: Gall Stones and Diabetes	

Was an operation performed? Date of 7/9/37

For what disease or injury? Gall stones

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hamp. Legg M. D. Coroner

(Address) 1215 Hanover St.

331169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37258 F 37258

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 14 St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Lucy Brown

(a) Residence: No. Princeton N J St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 7/7/71

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	65		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Carter Jones

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Nannie Mathias

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Gloucester Point Va. July 14 37

19. UNDERTAKER Robert R. Gruver

(Address) 804 W. Caroline St.

20. FILED JUL 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 1937

22. I HEREBY CERTIFY, That I attended deceased from June 28 1937 to July 12 1937

I last saw h... alive on July 12 1937 Death is said to have occurred on the date stated above, at 6.20 a. m.

The principal cause of death and related causes of importance were as follows:

	Duration	Interval between onset and death
Carcinomatosis peritonei	11 days	1 day
Bronchopneumonia		

Other contributory causes of importance: Diabetes Mellitus

Was an operation performed? yes Date of 7-9-37

For what disease or injury?

Name of operation Paracentesis

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lenox Alexander Gray M. D.

(Address) Johns Hopkins Hosp.

F 37259

37259 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 191

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 n Spring St. 5-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Cox

(a) Residence: No. 4 n Spring St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Francis Cox

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N C

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk.

MOTHER

15. MAIDEN NAME Juliann Brown

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Francis Cox (Address) 4 n Spring St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date July 13 1937

19. UNDERTAKER Elroy O Wilson (Address) 1000 E Bromley ave Huntington Williams, Md

19 Registrar.

FILED JUL 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) on the and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Exhaustion	July 10 1937
Cerebral Hemorrhage Cerebral Apoplexy Cerebrovascular Accident Stroke.	April 1 1937

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo C. Allen Coroner M. D.

(Address) 5 S 7 Augusta

E 37260 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37260

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 11-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Thomas

If U. S. Veteran specify WAR .....

(a) Residence: No. 706 Madison ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Widow

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12/22/72

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	65	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) ~~[illegible]~~ MD

FATHER

13. NAME Henry Nelson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Cath Wilson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 7/13/ 1937

19. UNDERTAKER Frances A. Hemsley
(Address) 578 W. Biddle St

FILED JUL 13 1937 [illegible] Nellingston Baltimore, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1937 to July 10, 1937

I last saw her alive on July 10, 1937. Death is said to have occurred on the date stated above, at 12 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Polyposis Colon	
Carcinoma Caecum	1 yr
Other contributory causes of importance:	

Was an operation performed? Yes Date of July 3, 1937

For what disease or injury? Carcinoma Caecum

Name of operation Resection Caecum & Colon

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul A. Rumbel M. D.

(Address) The Johns Hopkins Hosp

37261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a F 37261

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 834 S Luzerne Ave St., 1-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME MARYANNA IZDEBSKA.

(a) Residence: No. 834 S. LUZERNE AVE St., 1. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOWED.

6a. If married, widowed, or ~~divorced~~
HUSBAND of (or) WIFE of MARTIN IZDEBSKA.

6. DATE OF BIRTH (month, day, year) NOV. 18-1869.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	8	24.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year) 7/4/37 | 11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (city or town) (State or country) POSEN POLAND.

MOTHER FATHER

13. NAME JACOB IZDEBSKA.

14. BIRTHPLACE (city or town) (State or country) POSEN POLAND

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) =

17. INFORMANT Adam Bialzak

(Address) 1919 S Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date 7/15 37

19. UNDERTAKER John J Pyda

(Address) 201 E Hudson St

JUL 13 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY 12 1937

22. I HEREBY CERTIFY, That I attended deceased from JULY 7- 1937 to JULY 12 1937

I last saw her alive on JULY 12 1937. Death is said to have occurred on the date stated above, at 1.53 Am.

The principal cause of death and related causes of importance were as follows:

BRONCHIAL PNEUMONIA COLLATERAH ARTERIOSCLEROSIS.

Date of onset 7/7/37

Other contributory causes of importance:

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) James J Kavanagh M. D.

(Address) 3328 M Eldery St

Carrie Hilton

37262 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 37262

CERTIFICATE OF DEATH

Registered No. 93-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womens Hospital St. 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hilton, Carrie

(a) Residence: No. 2410 Callow Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced, BUSBAND of (or) WIFE of: David H. Hilton

6. DATE OF BIRTH (month, day, year): Jany 27/1861

7. AGE: Years 76 | Months 6 | Days 15 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or county): Carroll Co Md

13. NAME: Melchoir Annacost

14. BIRTHPLACE (city or town) (State or county): Carroll Co Md.

15. MAIDEN NAME: Susanne Saltzeder

16. BIRTHPLACE (city or town) (State or county): Carroll Co Md.

17. INFORMANT: Helen Phillips Hilton

(Address) 2410 Callow Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Cem Date: July 14 1937

19. UNDERTAKER: Harry A Lowenwood

(Address) 4 [illegible] Phillips, Md

JUL 13 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 12. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 6 1937 to July 12. 1937

I last saw her alive on July 12. 1937. Death is said to have occurred on the date stated above, at 4-15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, acute	7-12-37
Other contributory causes of importance: Pulmonary Edema, Hypostatic Accumulation	7-10-37 ??

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. P. Sellers M. D.

(Address) Woman's Hosp.

F 37263 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37263

CERTIFICATE OF DEATH

V 191

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 1712 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Perry Johnston

(a) Residence: No. 539 W Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 7-1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hucksters

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Asheville NC

FATHER

13. NAME Perry C Johnston

14. BIRTHPLACE (city or town) (State or country) NC

MOTHER

15. MAIDEN NAME Lottie Bishop

16. BIRTHPLACE (city or town) (State or country) NC

17. INFORMANT Eleanor George

(Address) 938 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 7/13 1937

19. UNDERTAKER Chas G Corbin

(Address) 5141 Callow St.

FILED JUL 13 1937 Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy — Heat Exhaustion	July 9 1937

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? None

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George C. Allen M.D.

(Address) 55 W Lanvale St

V S 6

F 37264

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37264

CERTIFICATE OF DEATH

Registered No. 191

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) President Hayes St. 18-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mattie Hayes
If U. S. Veteran specify WAR

(a) Residence: No. 1030 W Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mayer Hayes

6. DATE OF BIRTH (month, day, year) Jan 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	6	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilmington NC

FATHER
13. NAME Wm Murphy
14. BIRTHPLACE (city or town) (State or country) Wilmington NC

MOTHER
15. MAIDEN NAME Sarah McDuffy
16. BIRTHPLACE (city or town) (State or country) NC

17. INFORMANT Lena Lewis
(Address) 1030 W Saratoga

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 7/13/37, 19

19. UNDERTAKER Chas H Cooper
(Address) 514 N. Calhoun St.

FILED JUL 13 1937 Huntington Williams REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Exhaustion	July 9 1937
Exhaustion	July 1937
Contributory causes of importance: Interstitial Nephritis	

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George L. Collins, M. D.
Coroner
(Address) 501 Saratoga St

V 8 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37265

24021 (MB) F 37265

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 14-V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Smith

(a) Residence: No. 626 Pitcher Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Separated

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fred Smith

DATE OF BIRTH (month, day, year) 8/3/1904

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	11	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Charles Ireland (d)

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Charity Butler

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 7/14/37

19. UNDERTAKER Mrs. George K. Hollan
(Address) 1631 Druid Hill Ave

JUL 13 193 [illegible] M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-10-1937

22. I HEREBY CERTIFY, That I attended deceased from 6-1-1937 to 7-10-1937

I last saw h.er alive on 7-10 1937. Death is said to have occurred on the date stated above, at 11:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast with metastasis, left	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. L. Brantigan M. D.

(Address) Baltimore City Hospitals

B31378

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 37266

CERTIFICATE OF DEATH

E 37266

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 27-3 Ward) 46-1

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie Armstrong

If U. S. Veteran specify WAR .....

(a) Residence: No. 2408 Overland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8-24-63

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER FATHER

13. NAME William Armstrong

14. BIRTHPLACE (city or town) (State or country) Miss

15. MAIDEN NAME Eliz :

16. BIRTHPLACE (city or town) (State or country) Miss

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk, Date 7/14/37

19. UNDERTAKER Mrs. Geo. H. Fellows
(Address) 1631 Druid Hill Ave

FILED JUL 13 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1937 to July 11, 1937

I last saw h[illegible] alive on July 11, 1937 Death is said to have occurred on the date stated above, at 5:02 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cachexia from abdominal tumor	

Other contributory causes of importance:

Exhaustion, Diabetes	unk
Arteriosclerosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carmichael Oliphant M. D.

(Address) Johns Hopkins Hospital

Fannie Collins

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37267

F 37267

Registered No. 191

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1424 Rutter St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR ---

2. FULL NAME Fannie Collins

(a) Residence: No. 1424 Rutter St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Thompson

6b. DATE OF BIRTH (month, day, year): 1858

7. AGE: Years 75; Months; Days; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Knitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME OF FATHER: Peter Polson

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME OF MOTHER: Hutchinson

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: James Thompson Husband

(Address) 1424 Rutter St.

18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Olivet Cem. Date 7/12/37, 19

19. UNDERTAKER: Mrs. Wm. H. Gallagher

(Address) 681 Russell St.

FILED JUL 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 9 1937

22. I HEREBY CERTIFY, That I attended deceased from June 10th 37 to July 10 37

I last saw her alive on July 9 1937 and that said death is said to have occurred on the date stated above, at 8:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration	Date of onset
Acute Endocarditis	7 days	7/9/37
Senility	3 yrs	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lee Thompson M. D.

(Address) 524 Mod.

F 37268

F. 37268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St., 6-1 Ward)

Length of residence in city or town where death occurred? 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Louise Burns (Lewis) If U. S. Veteran specify WAR .....

(a) Residence: No. 129 N. Bentley St. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Howard Burns

6. DATE OF BIRTH (month, day, year) Oct 20, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jones Ice Cream Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Herbert A. Lewis

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Grace Lee

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Tracy Lewis

(Address) 129 N. Bentley St

18. BURIAL, CREMATION, OR REMOVAL. Place Woodlawn Mem Pk Date 7/13/37 19

19. UNDERTAKER Philip Henry Sons

(Address) 2016 Pennsylvania Ave

FILED JUL 13 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound Fracture of Skull	
Fractured Ribs	
Multiple Contusions of body	

Other contributory causes of importance:

Was an operation performed? Yes Date of 7/9/37

For what disease or injury? Fracture Skull

Name of operation Craniotomy Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 7/9, 1937

Where did injury occur? 1131 N. Gay St. Balto, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell down steps -

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1912 E. North Ave.

37269

HEALTH DEPARTMENT—CITY OF BALTIMORE

37269

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., Ward.) (If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Siers — If U. S. Veteran specify WAR

(a) Residence: No. 1524 Fallsway St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Male	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10 1937

7. AGE	Years	Months	Days	If LESS than 1 day 3 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Eugene F. Siers

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna M. Helmrath

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date JUL 13 1937

19. UNDERTAKER Commissioner of Health
(Address) Per N. A. Moore

20. FILED Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1937, to July 10, 1937 Last saw alive on July 10, 1937 Death is said to have occurred on the date stated above, at 4.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance: None	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Frank R. Stephenson M. D.
(Address) St. Jos. Hosp.

JUL 13 1937 3349

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37270

CERTIFICATE OF DEATH

8-5-131

F 37270

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1619 Normal Ave (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mary Susanna Hess

(a) Residence: No. 1619 Normal Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward A. Hess

6. DATE OF BIRTH (month, day, year) November 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	-	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Mr. Stock

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Mrs. Brown

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Mrs. Emma T. Donhauser

(Address) 1619 Normal Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mass Cathedral Cem. July 15 1937

19. UNDERTAKER Henry Stock Sons, Inc.

(Address) 301 E. Eager St.

20. FILED July 13 1937 Registrar. Washington for Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 21. 1937 to July 12 1937

I last saw her alive on July 11 1937. Death is said to have occurred on the date stated above, at 3- A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Unknown
Chronic Interstitial Nephritis	Unknown

Other contributory causes of importance:

Senile gangrene of right foot	One week

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas Stock M.D.

(Address) 401 E. 25th St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37271

CERTIFICATE OF DEATH

94-a F 37271

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 Wendover Road St., 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George H. Litz, Sr.

If U.S Veteran specify WAR

(a) Residence: No. 12 Wendover Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth P. Litz

7. DATE OF BIRTH (month, day, year) October 12, 1866

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	8	29	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Henry Litz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. George H. Litz, Jr.
(Address) 12 Wendover Road

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date July 14 37

19. UNDERTAKER Lord & Cook
(Address) 1003 W. Baltimore St.

20. FILED Clayton Williams, Registrar
JUL 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1937 to July 11 1937

I last saw him alive on July 10th 1937. Death is said to have occurred on the date stated above, at 1.15 A.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insuff
Angina Pectoris.

Date of onset 1935

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard Adams M. D.

(Address) 2604 Garrison Blvd.

37272

HEALTH DEPARTMENT—CITY OF BALTIMORE

37272

CERTIFICATE OF DEATH 24860--CM

Registered No. 46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 10-2 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 ~~55~~ yrs mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Jacob Downing

(a) Residence: No. 816 Ensor St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Pearl

7. DATE OF BIRTH (month, day, year) 3-17-~~1877~~ 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52 ~~59~~	4	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Wm. Downing

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Lucy ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Cabey Cem Date July 14 1937

19. UNDERTAKER Robert E. Pridgen

(Address) 515 McElderry St

FILED JUL 13 1937 Lexington Williams, M.D.

JUL 13 1937 LKY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-9 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-8 1937 to 7-9 1937

I last saw him alive on 7-9 1937. Death is said to have occurred on the date stated above, at 7:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma head pancreas with metastasis	unknown
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

F 37273

37273

HEALTH DEPARTMENT—CITY OF BALTIMORE

#24579
SF

CERTIFICATE OF DEATH

17-2 159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Brown

(a) Residence: No. 551 W. Hoffman St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/25/37

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
13 days	0		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nnn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Abraham

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Deisy Herring

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Body cremated at CH Date 7-12 1937

19. UNDERTAKER .....
(Address)

FILED JUL 13 1937 19.. A. E. Foy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-25- 1937 to 7-8 1937

I last saw h.. alive on July 8 1937. Death is said to have occurred on the date stated above, at 8.00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Birth
Entero - Colitis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. C. Goodwin M. D.

(Address) Balt. City Hosp.

2

37274 HEALTH DEPARTMENT—CITY OF BALTIMORE 37274

CERTIFICATE OF DEATH 24890 (MB) 9

1. PLACE OF DEATH

Registered No. 139

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Dunn

If U. S. Veteran specify WAR .....

(a) Residence: No. 304 E. Lanvale St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Bernard Dunn

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Louise Kacher

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cremated at Bell Date 7-12- 1937

19. UNDERTAKER
(Address)

20. FILED ..... 19 ..... Registrar.

JUL 13 1937 County Health Officer

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11 1937

22. I HEREBY CERTIFY, That I attended deceased from July 10 1937 to July 11 1937

I last saw him alive on July 11 1937. Death is said to have occurred on the date stated above, at 3.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 6½ months	
Other contributory causes of importance: asphyxia	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) W. C. West M. D.

(Address) Bal. City Hosp

F 37275

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37275

CERTIFICATE OF DEATH

Registered No. 179

1. PLACE OF DEATH City Hospitals 9-9 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. If U. S. Veteran specify WAR ...

2. FULL NAME Berthia Kalinski (Collins)

(a) Residence: No. 1634 Ashgrove St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 29. 1919

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
17	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill saw mill, bank, etc. Poland Ka[illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William Kalinski

14. BIRTHPLACE (city or town) (State or country) Balt.

MOTHER

15. MAIDEN NAME Elvira Hyda.

16. BIRTHPLACE (city or town) (State or country) Balt.

17. INFORMANT Mrs. Elsie Kalinski (mother)
(Address) 1634 Ashgrove St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date July 14, 1937

19. UNDERTAKER John F. Weber
(Address) 401 S. Chester St

L 13 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came she death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Poisoning.	
By drinking Wood Alcohol	
Given Deliberately	
Other contributory causes of importance: (None)	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 7/10 37

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) John H. Evans Coroner, M. D.

(Address) Coroner

USG

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37276

CERTIFICATE OF DEATH

F 37276

Registered No. 93-6

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1520 Riggs ave St. 16-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harvey Ball

(a) Residence: No. 1523 Riggs ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ball

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Staunton, Augusta Co. Va.

FATHER

13. NAME Zacharia Ball

14. BIRTHPLACE (city or town) (State or country) Augusta Co. Va.

MOTHER

15. MAIDEN NAME Ellerbar

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Rosa L. Ball

(Address) 1523 Riggs ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Cem. July 14 1937

19. UNDERTAKER Hart Williams

(Address)

20. FILED JUL 13 1937 Huntington Withdrawn Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described herein and from the evidence given me, held an (Inquest, Autopsy or Inquiry) find that said deceased came (Inquest, Autopsy or Inquiry) death on the day stated above. 6 days

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harry Grason M.D. Coroner

(Address) 210 Hanover City

V. S. 6

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

37277

CERTIFICATE OF DEATH

93-E 37277

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1142 N. Fremont St., 18-1 Ward)

Length of residence in city or town where death occurred 81 yrs. + mos + ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A Young

(a) Residence: No. 1142 N. Fremont St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: James M Young

6. DATE OF BIRTH (month, day, year): Mar-17-1854

7. AGE — Years: 83 | Months: 3 | Days: 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ob

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Columbia Penn

FATHER

13. NAME: Isaac Rus

14. BIRTHPLACE (city or town) (State or country): Columbia Penn

MOTHER

15. MAIDEN NAME: Sarah

16. BIRTHPLACE (city or town) (State or country): Columbia Penn

17. INFORMANT (Address): James A Young 1142 N Fremont

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 7-15 1937

19. UNDERTAKER (Address): Peter B Williams 32 N Schroeder St

20. FILED: JUL 13 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1930 to July 11, 1937

I last saw h[illegible] alive on July 11, 1937 death is said to have occurred on the date stated above, at 1:30 p/m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile —	
Arterio sclerosis	
Cerebro vascular hemorrhage —	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) David Crawford, M. D.

(Address) 122 W Lex

M. D. B 1268-9

37278 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37278

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 654 W. Franklin St. St. 17-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Jennie Chambers

If U. S. Veteran specify WAR .....

(a) Residence: No. 654 W. Franklin St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alford Chambers

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Frank Monroe

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Jennie Townson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mattie Chester
(Address) 872 Pine St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 7-13 1937

19. UNDERTAKER Kate B Williams
(Address) 322 N Longwood St

20. JUL 13 1937 Registrar Lington for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came
(Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, state .....

(Signed) O. Hargrave, M. D.
Coroner

(Address) 2267 W. Lanvale

37279 HEALTH DEPARTMENT—CITY OF BALTIMORE 37279

CERTIFICATE OF DEATH

164-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 S. Carey St St. 21-2 Ward)

Length of residence in city or town where death occurred 50 yrs. --- mos. --- ds. How long in U. S. If of foreign birth 50 yrs. --- mos. --- ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wilhelmina Werner.

(a) Residence No. 1321 S. Carey St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Werner

6. DATE OF BIRTH (month, day, year) February 2, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Henry Frank.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Carolina ---

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Martha Schuchardt. (daughter)
(Address) 2780 Tivoly Ave.

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Western Cem. Date July 14 37

19. UNDERTAKER Geo. Deight & Son
(Address) 325 Lynhurst St.

20. FILED 7/13/37 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and (from the evidence obtained by said inquiry) find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating gas poisoning. Suicide	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 7/11/37 19...

Where did injury occur? At home.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 1321 S. Carey St.

Manner of injury Suicide

Nature of injury Illuminating gas poisoning.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

7/13/37 (Signed) ..... Coroner . M. D.

(Address) 1017 S. Charles St.

V 5 6

37280

HEALTH DEPARTMENT—CITY OF BALTIMORE 37280

CERTIFICATE OF DEATH

191

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 Washington Blvd 6-1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....dys. How long in U. S. If of foreign birth? ....yrs. ....mos. ....dys.

U. S. Veteran

2. FULL NAME Frederick F. Einwaechter. (EINWAECHTER) Specify WAR .....

(a) Residence: No. 705 Washington Blvd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 31st 1851

7. AGE Years	Months	Days	If LESS than 1 day....hrs. or ....min.
85	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Alexander Einwaechter

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Katherine Höger

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Clara M Hollis

(Address) 705 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL

St Louis. Druid Hill Pk Date 7-15th 1937

19. UNDERTAKER Mr Chas G. Rohde

(Address) 2327 Edmondson ave

20. FILED JUL 19 1937, 19.... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11th 1937

22. I HEREBY CERTIFY, That I attended deceased from July 9 1937 to July 11 1937

I last saw him alive on July 11 1937. Death is said to have occurred on the date stated above, at 8 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Sclerosis - Arteriosclerosis -	July 9 1937
Other contributory causes of importance: Senility and Heat Prostration	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. H. Shook, M. D.

(Address) 806 N Fulton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

37281

CERTIFICATE OF DEATH

93-F 37281

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 735 W Pratt St., 22-21 Ward)

Length of residence in city or town where death occurred 71 yrs. 7 mos. 27 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME John McCormick

If U. S. Veteran specify WAR .....

(a) Residence: No. 735 W Pratt St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 17-1865.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
71	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Express way

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balty Md.

FATHER

13. NAME John McCormick

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs Mary Owens

(Address) 735 W Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Holy Cross Harford Rd. Date 7/14/1937

Place

19. UNDERTAKER John J Cowan & Son

(Address) 901 Wallbrook St

Filed JUL 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/12/1937

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936 to July 12 1937

I last saw him alive on 7-12-37, 19... Death is said to have occurred on the date stated above, at 10.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7-10-37
Other contributory causes of importance: chronic myocarditis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Nathan Romm, M. D.

(Address) 206 S. Gilmor St

HEALTH DEPARTMENT—CITY OF BALTIMORE

37282 CERTIFICATE OF DEATH 23515--46-EF 37282

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 25-1

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Martin Egan

(a) Residence: No. 3509 Old Annapolis Road St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) 5-17-1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Martin Egan

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Laura League

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Cem Date 7/14/37

19. UNDERTAKER John J. Conway & Son
(Address) 90 [illegible] St.

20. FILED JUL 13 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11 19 37

22. I HEREBY CERTIFY, That I attended deceased from 5-11 1937 to 7-11 1937

I last saw him alive on 5-11 1937. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of gall bladder with metastasis	?

Other contributory causes of importance:

Was an operation performed? Yes Date of 5-11-37

For what disease or injury? Carcinoma of gall Bladder

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Pathology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. Brantegan M. D.

(Address) Baltimore City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37283 131 F 37283

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1765 Homestead St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME SARAH T. CHRISPEN

If U. S. Veteran specify WAR

(a) Residence: No. 1765 Homestead St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 22, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	5	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Daniel McGonigle

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Strak

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Mary Chrispen
(Address) 1765 Homestead St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date July 15, 1937

19. UNDERTAKER Chas. J. Evans & Son
(Address) 118 N. Mt. Royal Ave

20. [illegible] 13 1937 Huntington Williamson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to July 12, 1937.
I last saw her alive on July 12, 1937. Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1935
Other contributory causes of importance: Chronic Nephritis	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. N. Mortimer Jr. M. D.

(Address) 2801 St Paul St.

37284 F 37284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 McDonough St., 7-4 Ward)

Length of residence in city or town where death occurred 0 yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Nelsen

(a) Residence: No. 915 McDonough St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Cau	S

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 2-1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Jerden

14. BIRTHPLACE (city or town) (State or country) U S

15. MAIDEN NAME Jeanette Nelsen

16. BIRTHPLACE (city or town) (State or country) U S

17. INFORMANT Jeanette Nelsen
(Address) 915 McDonough St

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL July 13 1937 19
Commissioner of Health
Per H. A. Moore

19. UNDERTAKER
(Address) Huntington Williams, Inc.

July 13 1937
Registrar.

3350

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) July 10 1937

21. I HEREBY CERTIFY, That I attended deceased from July 2 1937 to July 10 1937

I last saw him alive on July 9 1937. Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

Prematurity (Premature Pregnancy) — Date of onset July 2 1937

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) S. J. Cunningham M. D.
(Address) .....

HEALTH DEPARTMENT—CITY OF BALTIMORE

37285

CERTIFICATE OF DEATH

131 F 37285
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 134 N Chapel St. 6-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Mary Wilsen
(a) Residence: No. 134 N Chapel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Wilsen

6. DATE OF BIRTH (month, day, year) Oct 8 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	9	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER
13. NAME Osborne Stewart
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Betty Stewart
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT George Wilsen
(Address) 134 N Chapel St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Cem Date 7-14- 1937

19. UNDERTAKER Bryant & James E. Knight
(Address) 2280 Reisterstown Rd

Registrar

JUL 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 1937

22. I HEREBY CERTIFY, That I took charge of the remains described herein and from the evidence (Personal knowledge or inquiry)
obtained by said (Inquest, Autopsy or otherwise) find that said deceased came
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 11 1937
Other contributory causes of importance: Cerebral Nephritis	June 26 1937

Was an operation performed? no Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George E. Allen M. D.
Coroner
(Address) 50 Linganore St

F 37286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37286

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Oliver

If U. S. Veteran specify WAR .....

(a) Residence: No. Baden Prince Ice Co. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Ice

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Chas. Co. Md.

MOTHER

15. MAIDEN NAME Jane King

16. BIRTHPLACE (city or town) (State or country) Charles Co. Md.

17. INFORMANT Eli Oliver
(Address) Baden, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Md. Date 7/14, 1937

19. UNDERTAKER Geo. Rosedale
(Address) Rosedale, Md.

20. FILED 7/13/1937 Lexington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1937 to July 13, 1937

I last saw him alive on July 12, 1937. Death is said to have occurred on the date stated above, at 6:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1933
Other contributory causes of importance:	
Amyloidosis	1933

Was an operation performed? Yes. Date of July 9 1937

For what disease or injury? Pulmonary tuberculosis

Name of operation Thoracoplasty

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) D. Grant Halsted Jr. M. D.

(Address) University Hospital

37287 ✓ F 37287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE (No.) East Falls Ave & Stiles St., 3-2 (Ward)

Length of residence in city or town where death occurred ..... yrs. mos. ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME (Unknown)

(a) Residence: No. Unknown St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unk

FATHER

13. NAME Unk

14. BIRTHPLACE (city or town) (State or country) Unk

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT Police Records Eastern District
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date JUL 13 1937
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address) Pennington Williams, MD

20. FILED JUL 13 1937 Registrar

Issued JUL 13 1937 3:35 P

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry (Inquest, Autopsy or Inquiry) obtained by said Inquest, Autopsy or Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Drowned — Date of onset June 28 37

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Dish Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury June 28, 1937
Where did injury occur? East Falls Ave & Stiles
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public Place
Manner of injury Investigating the Officer found Deceased was Drowned
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) George P. Allen M. D.
(Address) 507 Augusta Rd

M. D. P. 1939-9

37288

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37288

93-c

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2402 Guilford Ave. Ward 12-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Aiken

(a) Residence: No. 2402 Guilford Ave., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (~~WIFE~~) of Alice M. Aiken

6. DATE OF BIRTH (month, day, year) May 27th 1843

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84 yrs	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Robert E. Aiken

14. BIRTHPLACE (city or town) (State or country) U.S.A.

MOTHER

15. MAIDEN NAME Harriett Kelly

16. BIRTHPLACE (city or town) (State or country) U.S.A.

17. INFORMANT Miss Katherine Aiken

(Address) 2402 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Fun Date July 14 1937

19. UNDERTAKER Mary M. Needham

(Address) 501 E. 22nd

20. FILED JUL 13 1937 Funeral Director, Huntington Pkwy, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11 1937

22. I HEREBY CERTIFY, That I attended deceased from January 30 1937 to July 11 1937

I last saw him alive on July 11 1937 Death is said to have occurred on the date stated above, at 1.52 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sclerotic Myocarditis	
Other contributory causes of importance:	
Heart failure	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Reginald J. Tonry M. D.

(Address) 4414 E. North Ave

37289 F 37289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 E Biddle St. 10-1 ard)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James [illegible]er

(a) Residence: No. 1013 E Biddle St., 10 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Mc[illegible]

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. ... min.
	62	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Hartman Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Martha A. Mc[illegible]

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Catherine Miller

(Address) 1013 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date July 14 19

19. UNDERTAKER Murray Bros Woodlawn

(Address) 321 E 22nd St

20. FILED JUL 13 1937 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 9 1937 to July 11 1937

I last saw him alive on July 11 1937 Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myo-Carditis	[illegible]
Other contributory causes of importance: Acute Indigestion	—

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Benj. J. Hayden M.D.

(Address) 1216 N. Caroline St

37290 E 37290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 21912--CM

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts., St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1927 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Knox

(a) Residence: No. 1212 Bond St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas

6. DATE OF BIRTH (month, day, year) July 31, 1897

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
40 ~~50~~	11	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Un.

14. BIRTHPLACE (city or town) (State or country) Un.

15. MAIDEN NAME Un.

16. BIRTHPLACE (city or town) (State or country) Un.

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 7/16 1937

19. UNDERTAKER Joseph B. Zirkin Sons

(Address) 1302 Jefferson St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from ~~March~~ March 16, 1937 to July 12, 1937

I last saw her alive on July 12, 1937. Death is said to have occurred on the date stated above, at 1155A m.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardiovascular disease — Date of onset Unknown

Other contributory causes of importance: Cerebral hemorrhage — March 1937

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeSanctis M. D.

(Address) Baltimore City Hospitals

37291 Dangelait

37291 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37291

#9298

SF

CERTIFICATE OF DEATH

34-J-59

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 41 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frederick Dangelait

(a) Residence: No. 1526 Latrobe Park Terrace St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise

6. DATE OF BIRTH (month, day, year) 12/28/1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76.	6	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Charles Dangelait

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Louise Short

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) hospital Records

18. BURIAL, CREMATION, OR REMOVAL Place Trinity Cem Date July 15 1937

19. UNDERTAKER (Address) H. J. Gough & Sons 1400 Lochanza St

20. FILED JUL 13 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1936 to July 13, 1937

I last saw him alive on July 13, 1937. Death is said to have occurred on the date stated above, at 3:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7-10-37

Other contributory causes of importance:

Arteriosclerosis	Unknown
Senile senility	Unknown

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Dewbutt M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 36 8 8-3 37292 — B 37292 — 107-a

1. PLACE OF DEATH — JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 9-8 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laurence A. Rudolph — If U. S. Veteran specify WAR .....

(a) Residence: No. 2030 Harford St., 2d Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1/18/37

7. AGE	Years	Months	Days	If LESS than 1 day: hrs. or min.
	—	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Leo G. Rudolph

14. BIRTHPLACE (city or town) (State or country) U-S-

MOTHER

15. MAIDEN NAME Lydia Kaplan

16. BIRTHPLACE (city or town) (State or country) U-S-

17. INFORMANT Records — (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Pikesville Date 7/15/37

19. UNDERTAKER George J. Pfeffer Sons (Address) 1735 Harford Ave

20. FILED JUL 14 1937 — Clayton Williamson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1937, to July 13, 1937

I last saw him alive on July 13, 1937 Death is said to have occurred on the date stated above, at 12:35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, primary	6/1/37
Other contributory causes of importance:	
	over

Was an operation performed? Yes Date of 7-12-37

For what disease or injury? Double suppurative mastoiditis

Name of operation Tracheotomy

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm. C. Litzler Jr., M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE no number

F 37293

CERTIFICATE OF DEATH

8-6-95-B

37293

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. unknown mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME John Yeakel

(a) Residence: No. 1704 Wolfe St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 3rd 1880 ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57 ?	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horseman unknown prob

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin Plate Factory

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (State or country) Balto Md unknown

FATHER

13. NAME James Yeakel unknown

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Elizabeth Metzger unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hospital Records
Bernice Dejoul 1704 N. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date July 16 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JUL 14 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1935 to July 13, 1937

I last saw him alive on July 13 1937. Death is said to have occurred on the date stated above, at 3:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension and arteriosclerotic disease	Unknown
Arteriosclerosis	Unknown

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Hasbrouck Tilden M. D.

(Address) Baltimore City Hospitals

37294 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37294

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3206 (St.) Norwood Ave (Ward) 16-7
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR No Record

2. FULL NAME Winfield L. Hinton
(a) Residence: No. 3206 (St.) Norwood Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Mary L. Hinton

6. DATE OF BIRTH (month, day, year) June 13th 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	0	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Alexander Brown
10. Date deceased last worked at this occupation (month and year) 1936
11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Ellicott City Md

FATHER
13. NAME W. Hinton
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME ? Howe
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary L. Hinton
(Address) 3206 Norwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 14th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JUL 14 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12th, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 4.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Arthur Carey M. D. Coroner
(Address) 1215 Hanover Ave

37295 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 1131 F 37295

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 818 Woodyear St. 16-25 Ward.

Length of residence in city or town where death occurred 62 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Travers (Travis)

If U. S. Veteran specify WAR .....

(a) Residence: No. 818 Woodyear St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Roberta Travers

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Taylor Island. Md

13. NAME Thomas Travis

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Lane

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Eva Sheddon

(Address) 818 Woodyear

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Mem. Park Date July 14 37

19. UNDERTAKER James A. Hodges

(Address) 142 W. Lafayette St

20. FILED Huntington Williams M.D. Registrar

JUL 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12. 1937.

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1937 to July 12, 1937.

I last saw h.. alive on July 12, 1937. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Other contributory causes of importance: Chronic Nephritis	?

Was an operation performed? No Date of —

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) E. McDivitt M. D.

(Address) 1536 W. Lanvale St

HEALTH DEPARTMENT—CITY OF BALTIMORE

37296

CERTIFICATE OF DEATH

F 37296

1. PLACE OF DEATH St. Joseph's Hospital — Registered No. 27-3

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 dz. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward H. Schmidt — If U. S. Veteran specify WAR .....

(a) Residence: No. 2805 Woodwood Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel R. Schmidt

6. DATE OF BIRTH (month, day, year) Mar. 25 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst. Purchasing Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Harrison Chemical Co.

10. Date deceased last worked at this occupation (month and year) 7-8-37

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Edward H. Schmidt

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Caroline Fundlach

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Ethel R. Schmidt
(Address) 2805 Woodwood Road

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date July 14 1937

19. UNDERTAKER Joseph F. Sperry
(Address) 715 Light St.

20. FILED JUL 14 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1937 to July 10, 1937
I last saw him alive on July 10, 1937 Death is said to have occurred on the date stated above, at 10:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cecum	about 1-1-37
Adynamic Ileus	7-9-37

Other contributory causes of importance

Was an operation performed? Yes Date of 7-6-37
For what disease or injury? Carcinoma of Cecum
Name of operation Excision of Cecum, Lateroabdominal
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Frank R. Stephenson, M. D.
(Address) St. Joseph Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37297 ✓13 F 37297

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 S. Stricker St., 19-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ella Layman

(a) Residence: No. 410 S. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis L. Layman

6. DATE OF BIRTH (month, day, year) Oct. 1, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	9	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Benjamin King

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Margaret Purdy

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Francis L. Layman
(Address) 410 S. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date July 14, 19

19. UNDERTAKER Harry A. Nitz
(Address) 2101 Madison Ave.

20. FILED 14 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 19 to July 11, 1937

I last saw her alive on July 11, 1937 Death is said to have occurred on the date stated above, at 1:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bantis disease	1920
Splenomegalia	July 11, 1937
Ascites (Accruing at intervals)	1928

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Eliot W. Johnson, M. D.

(Address) 8432 Bradford Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37298

CERTIFICATE OF DEATH

13-4-46-B F 37298

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3518 Auchentoroly Terrace St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sadie E. Ebert

(a) Residence: No. 3518 Auchentoroly Terrace St, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Oscar H. Ebert

7. DATE OF BIRTH (month, day, year) Sept. 30, 1865.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Adam Arnold

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elisabeth Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. G. Everett Siebert
(Address) 3518 Auchentoroly Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date July 15, 19

19. UNDERTAKER Harry A. Mutfee
(Address) 4101 Edmondson Ave.

FILED JUL 14 1937 Clifton Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1937.

22. I HEREBY CERTIFY, That I attended deceased from June, 1931, to July 11, 1937.

I last saw her alive on July 10, 1937. Death is said to have occurred on the date stated above, at 8.20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal hemorrhage	July 11, '37
Other contributory causes of importance: Carcinoma of stomach	Jan. '37

Was an operation performed? no Date of

For what disease or injury? not

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or Homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Geo. E. Wells M. D.

(Address) 4101 Edmondson Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7299 — 82-E 37299

Registered No.

1. PLACE OF DEATH Maryland Gen'l Hosp

CITY OF BALTIMORE: (No.) St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 4 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Miss Sarah King Fort

(a) Residence: No. 2621 St. Paul St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ---

7. DATE OF BIRTH (month, day, year): March 12, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Importer & Dress Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): 1927

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

13. NAME: Allen T. Fort

14. BIRTHPLACE (city or town) (State or country): Ellicott City, Md.

15. MAIDEN NAME: Cordelia Clark

16. BIRTHPLACE (city or town) (State or country): Fredericksburg, Virginia

17. INFORMANT: Miss Estelle R. Purdy

(Address) 2946 Presstman St.,

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park, Cem Date: July 15th, 37

19. UNDERTAKER: J. H. Tiedrow & Sons

(Address) 1704 Pa Ave

FILED 7-14-1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-26-37, 19..., to 7-13-37, 19...

I last saw her alive on 7-12-37, 19... Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset:

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Jerome Feldman, M. D.

(Address) Maryland Gen'l Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

37300 37300

CERTIFICATE OF DEATH

11-1 46-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital Baltimore St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Jarvis (William Albert Jarvis) If U. S. Veteran specify WAR

(a) Residence: No. 1011 N. Calvert St. St., Ward. Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~Wife of~~ Kate Jarvis

6. DATE OF BIRTH (month, day, year) Nov 28th 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63.	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Engineer~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sales Representative Argenthi & Co.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 40th

12. BIRTHPLACE (city or town) (State or country) London, England

FATHER

13. NAME William Jarvis

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Ann Bostock

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mr Richard Wm Discus
(Address) 1011 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date July 14th 1937

19. UNDERTAKER J. J. Lechner & Sons
(Address) J. J. L & S

20. FILED JUL 14 1937 Wm. Luckett Wallace, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1937 to July 13, 1937
I last saw h~~im~~ alive on July 12, 1937 Death is said to have occurred on the date stated above, at 4:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of Sigmoid	
Fistula and Metastasis to the skin, Peritonitis	
Other contributory causes of importance:	

Was an operation performed? Yes Date of July 8, 1937

For what disease or injury? Adenocarcinoma Sigmoid and Fistula

Name of operation Resection of tumor and [illegible]

What test confirmed diagnosis? [illegible] Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) D. Lenhoimer M. D.
(Address) Sinai Hospital

M. D. B. 1268-9

37301 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 37301

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Jenkins Memorial 1008 Caton Ave. St., 24-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 9 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. William Henry Pfaff.

(a) Residence: No. 1723 Light St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mathilda Pfaff.

6. DATE OF BIRTH (month, day, year) October 11th 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~xx~~	70	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland Baltimore.

FATHER

13. NAME John A. Pfaff

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Holmes

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Jenkins Memorial Hosp. 1008 Caton Ave

18. BURIAL, CREMATION, OR REMOVAL

Holy Cross-Brooklyn Date July 16th 37

19. UNDERTAKER (Address) Wm J Tuckner & Sons 1 Fort Ave

FILED JUL 14 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 2nd, 1937, to July 13, 1937

I last saw him alive on July 13, 1937. Death is said to have occurred on the date stated above, at 12:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertensive Cardiovascular Renal Disease	
2. Rt. side Hemiplegia	4-12-37

Other contributory causes of importance: Obesity - Endocrine organs

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) Lawrence J. Shimanek, M. D.

(Address) St. Agnes Hospital.

37302

HEALTH DEPARTMENT—CITY OF BALTIMORE

37302

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 3-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Morris Weinstein

(a) Residence: No. 110 S Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Celia

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Harry Weinstein

14. BIRTHPLACE (city or town) (State or country) Russia.

MOTHER

15. MAIDEN NAME Rebecca ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Julius Weinstein

(Address) 110 S Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Het. Mt. Carmel Date July 14, 1937

19. UNDERTAKER Sol Levinson & Bros

(Address) 1117 E Baltimore St

JUL 14 1937 19.

Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Chronic Bronchitis	

Other contributory causes of importance: Arteriosclerosis - Emphysema

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of No

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North Ave.

V S 6

HEALTH DEPARTMENT--CITY OF BALTIMORE

37303

CERTIFICATE OF DEATH

F 37303

1. PLACE OF DEATH

Registered No. 15-29 H-B

CITY OF BALTIMORE: (No. 1709 N. Monroe St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Hettleman

If U.S. Veteran specify WAR .....

(a) Residence: No. 1709 N. Monroe St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced (or) WIFE of: Late Moses.

7. DATE OF BIRTH (month, day, year): 1852

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Hirsh Zuch Keller

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Leah Kalish

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Harry Hettleman
(Address) 1709 N. Monroe St

18. BURIAL, CREMATION, OR REMOVAL
Place: Arbor Rynedale Date: July 14, 1937

19. UNDERTAKER: Sol Levinson & Bro
(Address) 1123 E. Baltimore St

FILED JUL 14 1937 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1936 to July 13, 1937 last saw her alive on July 13, 1937. Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Athero sclerosis	
Myocarditis	
Coronary Thrombosis	7-9-37
Other contributory causes of importance:	
Senility	

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Fender, M. D.

(Address) 161 S. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

37304

CERTIFICATE OF DEATH 18956—Ud

E-37304

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City hospts., St. 17-2 34-C (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1911 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Carr

If U. S. Veteran, specify WAR

(a) Residence: No. 1108 Argyle Ave., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy

7. DATE OF BIRTH (month, day, year) 3-19-1895

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	4 3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

13. NAME Un. (D)

14. BIRTHPLACE (city or town) (State or country) Kentucky

15. MAIDEN NAME Un. (D)

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Records of Balto. City hospts

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 7/14 1937

19. UNDERTAKER Enright & Hunt Co. Inc.

(Address) 1120 Druid Hill Ave

7-14 1937 Eugene Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1936 to July 9, 1937

I last saw him alive on July 9, 1937. Death is said to have occurred on the date stated above, at 7:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonic artitis	1936
Other contributory causes of importance:	
Coronary occlusion	7-9-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Uk

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

AaCo. 5-31 250B

F 37305

37305 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-2-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 228 N Rose St. 6-28 St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mariano Graffagno

(a) Residence: No. 228 N Rose St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Vincent Graffagno

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Italy

MOTHER FATHER

13. NAME: Antonia Zocholo

14. BIRTHPLACE (city or town) (State or country): Italy

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Pietro Perretta

(Address) 228 N Rose St

18. BURIAL, CREMATION OR REMOVAL

Place Holy Redeemer Date July 16 1937

19. UNDERTAKER: Jos. J. Kerr & Son

(Address) 156 S. Smallwood ave

20. [illegible] 1937 Lington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/13 at . 1937

22. I HEREBY CERTIFY, That I attended deceased from June 5th, 1937, to July 12th, 1937

I last saw her alive on July 12th, 1937 death is said to have occurred on the date stated above, at 11:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	34

Other contributory causes of importance:

Arteriosclerosis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. J. Santen, M. D.

(Address) 1194 N. Milton ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

#22043 SF

95-B

CERTIFICATE OF DEATH

F 37306 Registered No. F 37306

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 18-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Gittings

(a) Residence: No. 513 Schroeder St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married (sep.)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

7. DATE OF BIRTH (month, day, year) 2/9/1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Alfred

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Rose Lang

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 7/15/37

19. UNDERTAKER Chase & Goff
(Address) 514 N. Calhoun St.

20. FILED JUL 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1937 to July 13, 1937. I last saw him alive on July 13, 1937. Death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension and cardiac disease	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) H. A. de Lamballe, M. D.

(Address) Baltimore City Hospitals

37307

HEALTH DEPARTMENT—CITY OF BALTIMORE

37307

CERTIFICATE OF DEATH

5-1048

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3911 Dorchester Road St., ... Ward)

Length of residence in city or town where death occurred 63 yrs. 6 mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eva Nott

(a) Residence: No. 3911 Dorchester Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Harvey W Nott

6. DATE OF BIRTH (month, day, year) June 8, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas Nott

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Nott

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Harvey W. Nott
(Address) 3911 Dorchester Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date July 15, 1937

19. UNDERTAKER Pelham & Pelham
(Address) 2201 N. Charles St.

20. JUL 14 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1937, to July 12, 1937

I last saw h e alive on July 12, 1937. Death is said to have occurred on the date stated above, at 3:27 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	1922

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H G Wade, M. D.

(Address) 720 N. Howard Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37308 CERTIFICATE OF DEATH V/31 13-5 F 37308

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 Pacific Street Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs.....mos.....ds. How long in U. S. If of foreign birth? ...yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Joseph L. F. Wilson

(a) Residence: No. 704 Pacific Street St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Wilson

6. DATE OF BIRTH (month, day, year) September 16-1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	10	4,26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman in

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Mills

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel

FATHER

13. NAME George W. Wilson

14. BIRTHPLACE (city or town) (State or country) Laurel

MOTHER

15. MAIDEN NAME Rachel Penn

16. BIRTHPLACE (city or town) (State or country) Laurel

17. INFORMANT Miss Rosa. Wilson (Address) 704 Pacific St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Hope Cemetery Date July 15 1937

19. UNDERTAKER R. S. Malchad (Address) 3539 Falls Rd Baltimore, Md.

20. FILED JUL 14 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1937.

22. I HEREBY CERTIFY, That I attended deceased from July, 1931, to July 12, 1937

I last saw him alive on July 12, 1937 Death is said to have occurred on the date stated above, at 11 05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date at onset
Arterio-sclerosis and chronic nephritis	6 yrs ago.
Other contributory causes of importance: myocarditis	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) [illegible] M. D.

(Address) 846 W 36th St Balto

37309 HEALTH DEPARTMENT—CITY OF BALTIMORE 37309

CERTIFICATE OF DEATH

10-2 V54-B Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sister Mary Eduarda SSND. If U. S. Veteran specify WAR

(a) Residence: No. 901 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mar. 20, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 68

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Church

10. Date deceased last worked at this occupation (month and year) Life

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston Mass.

FATHER

13. NAME Jos. Hayes

14. BIRTHPLACE (city or town) (State or country) Boston Mass.

MOTHER

15. MAIDEN NAME Catherine Gealon

16. BIRTHPLACE (city or town) (State or country) New York New York.

17. INFORMANT Sr. Mary Kosker

(Address) 901 N. Aisquith St

18. BURIAL, CREMATION, OR REMOVAL

Place Notre Dame Cliff Date July 15 1937

19. UNDERTAKER Geo. M. Fink & Son

(Address) 811 N. Wolfe St

20. FILED JUL 14 1937 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-13- 1937

22. I HEREBY CERTIFY, That I attended deceased from July 6 1937 to July 13 1937

I last saw her alive on July 13 1937. Death is said to have occurred on the date stated above, at 945 A.m.

The principal cause of death and related causes of importance were as follows:

Gangrene - abdominal Wall
Septicemia

Date of onset

Other contributory causes of importance:

Was an operation performed? yes Date of July 7, 1937

For what disease or injury? Fibroids - Uterus

Name of operation Hysterectomy

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Raymond J. Lipsis M. D.

(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66 F 37310

37310

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2514 Jefferson St., 7-2 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Amelia Augusta Jamike

(a) Residence: No. 2514 Jefferson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 17, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Julius Jamike

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hannah A Jamike

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Bertha Jamike
(Address) 2514 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date July 15 1937

19. UNDERTAKER John Ulrich
(Address) 210 E Chase St

JUL 14 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1936 to July 11 1937

I last saw h[illegible] alive on July 5 1937 Death is said to have occurred on the date stated above, at 2:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	
Ventricular Fibrillation	Oct 1936
Arteriosclerosis	
Cerebral Hemorrhage	Mar. 1936
Other contributory causes of importance:	
Chronic Nephritis	?
Hypothyroidism Goitre	?

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Louis F. Flumes M. D.

(Address) 2423 E. Monument St
Balto Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

37311

CERTIFICATE OF DEATH

1911 F 37311

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 W Franklin 18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hyacinth Hanson

If U.S. Veteran specify WAR ...

(a) Residence: No. 1007 W. Franklin St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: C.

5. ~~Single~~ Married, Widowed, or Divorced: Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nancy Hanson

6. DATE OF BIRTH (month, day, year): 1862

7. AGE: Years 74 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): 00 00

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

MOTHER FATHER

13. NAME: Amos Hanson

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Mathews

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Estelle Sales

(Address) 1007 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn. Date: July 14th 1937

19. UNDERTAKER: Elroy O Wilson

(Address) 1600 Brantley

JUL 14 1937 Eutaw Funeral Home, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/12/37.

22. I HEREBY CERTIFY, That I attended deceased from July 3 to 7/12/37 19...

I last saw him alive on 7/4/37 19... Death is said to have occurred on the date stated above, at 1:25 A.M.

The principal cause of death and related causes of importance were as follows:

Heart Breakdown 7/11/37

Angina Pectoris

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Physical Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) A. Lee Sales, M. D.

(Address) 524 Mad.

37312 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 37312

CERTIFICATE OF DEATH

Registered No. 173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR

2. FULL NAME Martin Carrington

(a) Residence: No. 424 N. Bond St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Lucille Carrington

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME J. Carrington

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Lucille Carrington

(Address) 424 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 7/14 1937

19. UNDERTAKER Elgin O'Neill

(Address) 1000 Eastern Ave

Registrar.

JUL 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9/37

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased named above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of abdomen	

Other contributory causes of importance:

Peritonitis

Was an operation performed? Yes Date of 7/5/37

For what disease or injury? Bullet Wound of abdomen

Name of operation Laparotomy Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 7/5/ 1937

Where did injury occur? Bank + Orleans St. Balto, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Beer Saloon

Manner of injury - Shot with a revolver

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D.

Coroner

(Address) 1918 E. North Ave

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37313

CERTIFICATE OF DEATH

✓ 34 F 37313

1. PLACE OF DEATH: St. Josephs Hospital 21-1

CITY OF BALTIMORE: (No. ..... Lisa ..... St., ... Ward)

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Norman Davis

(a) Residence: No. 228 S. Fremont Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Della Davis

6. DATE OF BIRTH (month, day, year): July 20 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Henery Davis

14. BIRTHPLACE (city or town) (State or country): Balto. Md

MOTHER

15. MAIDEN NAME: Henerette Jones

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Della Davis 228 S Fremont av

18. BURIAL, CREMATION, OR REMOVAL: Place: National July 14th 37

19. UNDERTAKER (Address): Elroy O Wilson 1650 Brantley Ave

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1937 to July 11, 1937

I last saw him alive on July 7-11-1937 Death is said to have occurred on the date stated above, at 2 35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Abscess	April, 1937
Left Lung Abscess	
Left Pulmonary Suppurative Abscess	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 5-25-37

For what disease or injury? Resection Empyema of Left Thorax

Name of operation Thoracoplasty

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Frank R Stephenson M. D.

(Address) St Jos Hosp.

F 37314

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37314

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1 Ward)

Registered No. 1-5121

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Agnes McDonough

If U. S. Veteran specify WAR .....

(a) Residence: No. 2116 Eastern Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	unknown

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/29/02

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Anthony Weber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Ruzinski

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date July 16, 1937

19. UNDERTAKER Chas. A. Weber

(Address) 765 S. Ann St.

20. FILED JUL 14 1937 Wilmington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1937, to July 13, 1937

I last saw h.. alive on July 13, 1937. Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicial Abscess	6-27-37
Perforation of appendix	7-2-37
Pulmonary embolism	7-13-37

Other contributory causes of importance:

Was an operation performed? Yes Date of

For what disease or injury? Perforated appendix

Name of operation Appendectomy & drainage

What test confirmed diagnosis? Oper. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ward A. Kimball M. D.

(Address) Johns Hopkins Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37315

F 37315

CERTIFICATE OF DEATH

Registered No. F 37315

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. V ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Savino Scarpa

(a) Residence: No. 117 Maple Ave. St., ... Ward. Johnstown Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/23/81

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Store

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME John Anthony

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Pauline Zara

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records
(Address) Johns Hopkins Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Johnstown Pa Date July 16 1937

19. UNDERTAKER John O'Neill Sons
(Address) 160 Factory Place

20. Filed JUL 14 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1937, to July 13, 1937.
I last saw him alive on July 13, 1937. Death is said to have occurred on the date stated above, at 7.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor:	1935
Glioma, Hypophysael Region	over
Other contributory causes of importance:	

Was an operation performed? Yes Date of July 13, 1937

For what disease or injury? Brain Tumor

Name of operation Craniotomy

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) William Gray Watson, M. D.

(Address) Johns Hopkins Hospital

F 37316 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37316

CERTIFICATE OF DEATH

Registered No. 11-3 137

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jefferson S. Collins

(a) Residence: No. 3104 Park Ave St., Ward. Wilson N. Carolina

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bessie Batchelor

6. DATE OF BIRTH (month, day, year): Sept 8. 1861

7. AGE: Years 75 | Months 10 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tobacco

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N.C.

FATHER

13. NAME: Thomas Jefferson Collins

14. BIRTHPLACE (city or town) (State or country): N.C.

MOTHER

15. MAIDEN NAME: Julia Bass

16. BIRTHPLACE (city or town) (State or country): N.C.

17. INFORMANT: Mrs G B. Atherton

(Address) Cambridge Arms

18. BURIAL, CREMATION, OR REMOVAL

Place Wilson N.C. Date July 15 1937

19. UNDERTAKER: John O. Mitchell Sons

(Address) 1100 Eutaw Place

Huntington Matthews, M.D.

Registrar.

JUL 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 14. 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15 1937 to July 14 1937

I last saw him alive on July 14 1937 Death is said to have occurred on the date stated above, at 7:50 p.m.

The principal cause of death and related causes of importance were as follows:

Benign prostatic Hypertrophy — Date of onset ?

Other contributory causes of importance:

Generalized arteriosclerosis

Was an operation performed? yes Date of 7-9-37

For what disease or injury? Benign prostatic hypertrophy

Name of operation Transurethral prostatectomy

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Frank M. Weaver M. D.

(Address) Union Memorial Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37317

CERTIFICATE OF DEATH

159 F 37317

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... 5 mos. 35 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Hildebrandt #2

(a) Residence: No. 623 S. Potomac St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 12, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	1-1/2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Carl Hildebrandt
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Frances Forolshi
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date July 14 1937

19. UNDERTAKER George A. Weber
(Address) 705 S. Aspen Ave

20. FILED JUL 14 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1937, to July 14, 1937
I last saw her alive on July 14, 1937. Death is said to have occurred on the date stated above, at 4:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemorrhagic Disease of the Newborn	
Other contributory causes of importance: Prematurity	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Sidney Lunar, M. D.
(Address) Sinai Hospital

F 37318 ✓ F 37318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hospital for the Women of Maryland 20-7122-B

CITY OF BALTIMORE: (No. Lafayette Ave & John St St., in 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 8 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Agnes Haigley

If U.S. Veteran specify WAR .....

(a) Residence: No. 525 Normandy Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Haigley

6. DATE OF BIRTH (month, day, year) Nov. 11, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Kelly

14. BIRTHPLACE (city or town) (State or country) ? ?

MOTHER

15. MAIDEN NAME Johanna Brodrick

16. BIRTHPLACE (city or town) (State or country) ? Ireland

17. INFORMANT Mr. Charles H. Haigley

(Address) 525 Normandy Ave. City

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date July 16 37

19. UNDERTAKER Geo. L. Beyer Jr

(Address) 1512 Hollins St

FILED JUL 14 1937

Lexington Williams, MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 19 .. to July 13, 1937

I last saw ... alive on July 13, 1937 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	2 July 6?
Pneumonia	

Other contributory causes of importance:

Was an operation performed? yes Date of July 3, 1937

For what disease or injury? Intestinal Obstruction

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leo Brady M. D.

(Address) Medical Arts Bldg

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37319

CERTIFICATE OF DEATH

174

F 37319

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 5-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas V. Duncan

If U. S. Veteran specify WAR .....

(a) Residence: No. 1149 McElderry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lizzie Duncan

6. DATE OF BIRTH (month, day, year) 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Gen'l

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Thomas Duncan

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Bolling

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Martin Brown

(Address) Richmond Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 7-15- 1937

19. UNDERTAKER Byron Mamie W. Wright

(Address) 2811 E. Baltimore St

Filed 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab wound of lung	July 8 1937

Other contributory causes of importance:

Was an operation performed? none Date of .....

For what disease or injury? no

Name of operation none Date of .....

Whnt test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Wound Date of injury July 8 1937

Where did injury occur? McElderry & Broadway

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Stab wound of chest

Nature of injury severing pulmonary artery

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Joseph L. Allen M. D.

Coroner

(Address) 50 E. Lexington St

JUL 14 1937

V S

HEALTH DEPARTMENT—CITY OF BALTIMORE

37320

CERTIFICATE OF DEATH

95-B F 37320

20-2 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 10 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Lizzie Allen

(a) Residence: No. 2100 W Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Edward E. Allen.

6. DATE OF BIRTH (month, day, year) Sept. 1-1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md

FATHER

13. NAME Charles A. Davis.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Susan N. Shenton.

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Chas. E. Allen

(Address) 404 Kathleen Ave. Balto. Md

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore, Md. Date July 15 37

19. UNDERTAKER Charles J. Schuyler

(Address) 505 N. Monroe St.

[redacted]

JUL 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July-13-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-12-37 1937, to 7-13-37 1937

I last saw h.er alive on 7-13-37 Death is said to have occurred on the date stated above, at 4:00 A m.

The prinripal rause of death and related rauses of importance were as follows:

	Date of onset
Cerebral Thrombosis Cardio Vascular Disease	
(Gastric Hemorrhage)	
(Cerebral Anemia)	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Arrident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D M Dipon M D M. D.

(Address) Bon Secours Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37321

CERTIFICATE OF DEATH

F 37321

Registered No. 17-197

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 George St. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 20 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Ingram

If U. S. Veteran specify WAR .....

(a) Residence: No. 624 Geo. St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe.	Col.	Widow

5a. If married, widowed, or divorced, BUSBAND of (or) WIFE of dead

6. DATE OF BIRTH (month, day, year) June 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. no 0

10. Date deceased last worked at this occupation (month and year) Days 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lumen Swagl Co. Bertie Co. Va

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sarah Hardy

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT 603 Lafayette Ave. (Address)

18. BURIAL, CREMATION, REMOVAL Place [illegible] Date July 14 37

19. UNDERTAKER [illegible] (Address) [illegible] Druid Hill Ave.

FILED JUL 14 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11 1937

22. I HEREBY CERTIFY, That I attended deceased from July 4th 1937 to July 11 1937

I last saw her alive on July 4th 1937 Death is said to have occurred on the date stated above, at 8:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance: Arteriosclerosis	Autumn

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Jas. H. Hooper M. D.

(Address) 1780 Guilford

F 37322 HEALTH DEPARTMENT—CITY OF BALTIMORE. F 37322

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore General 210-M Registered No.

CITY OF BALTIMORE: (No. 601 St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lulie Crater

(a) Residence: No. 909 N. Carrollton Ave St., Ward Baltimore Md (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Crater

6. DATE OF BIRTH (month, day, year) 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Campbell Co - Va.

FATHER

13. NAME Jeff Johnson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Holmes

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Daniel Crater

(Address) 909 N. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cadowgloss Date July 14, 1937

19. UNDERTAKER Mrs Pates & Williams

(Address) 322 N Schroeder St.

20. FILED 19 Easton Maryland

MEDICAL CERTIFICATE OF DEATH 5-58 Pt

21. DATE OF DEATH (month, day, year) July 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7-11-37

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 7-11, 1937

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lulie Gentry Crater M. D. Coroner

(Address) 909 N. Carrollton

37323

✓ F 37323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 26-11

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3218 Elliot St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Malgorzata Wisnieska

If U. S. Veteran specify WAR

(a) Residence: No. 3218 Elliott St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Wisnecki

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 69; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 1937

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Kazmiez

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: not known

16. BIRTHPLACE (city or town) (State or country): =

17. INFORMANT: Cecilia Nowicka

(Address) 3218 Elliot St

18. BURIAL, CREMATION OR REMOVAL

Place St. Stanislaus Date 7/15- 37

19. UNDERTAKER: John F. Pikula

(Address) 2811 Hudson St

20. [illegible] 1937 Huntingtor Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 12 2 1937

22. I HEREBY CERTIFY, That I attended deceased from April 7 1937 to July 12 2 1937

I last saw h[illegible] alive on July 11 1937. Death is said to have occurred on the date stated above, at 1[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5 days
Other contributory causes of importance:	
Senility - Arteri Sclerosis	1 yr.

Was an operation performed? none Date of —

For what disease or injury? —

Name of operation none Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Chas. S. Neer, M. D.

(Address) 408 Stat Park Ave

330648

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37324 ✓ 134 F 37324

CERTIFICATE OF DEATH

F 37321

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-3 Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martin S Cromwell If U. S. Veteran specify WAR

(a) Residence: No. Ruxton St., ... Ward. Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nettie J

6. DATE OF BIRTH (month, day, year) 8-5-71

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0054

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Richard Cromwell

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Kennedy

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem Date July 16 1937

19. UNDERTAKER J B Perkins & Son Co
(Address) 6 E. and 142 E. Oliver St

20. DATE RECEIVED 14 1937 Clayton Whitehurst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 16 1937 to July 14 1937

I last saw him alive on July 14 1937 Death is said to have occurred on the date stated above, at 1.55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Acute pyelonephritis	
Other contributory causes of importance:	

Was an operation performed? yes Day of July 1936

For what disease or injury? Nephrolithiasis

Name of operation Nephrolithotomy

What test confirmed diagnosis? yes Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) J. H. Lemmon M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

37325 F 37325

37325 CERTIFICATE OF DEATH 24572 JS 95-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Russell

(a) Residence: No. 917 Pear Alley St., ...Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) Feb 14/1876

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61 ~~98~~ ?	4	0 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME William Chase

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cordtown Md. Date 7/16 37

19. UNDERTAKER Thomas E. Kelsey

(Address) 1302 Druid Hill Ave

Huntington Williams, M.D.

20. FILED JUL 14 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1937

22. I HEREBY CERTIFY, That I attended deceased, from June 24 1937, to July 12 1937

I last saw her alive on July 12 1937 Death is said to have occurred on the date stated above, at 1035 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	June 1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Wade Santillo M. D.

(Address) Baltimore City Hospitals

F 37326

37326 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-C

CERTIFICATE OF DEATH

Registered No. 115-11

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3312 Barrington Rd. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 83 yrs. 11 mos. 3 ds.

If U. S. Veteran specify WAR NONE

2. FULL NAME James Corner Plummer

(a) Residence: No. 3312 Barrington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Helen Plummer

6. DATE OF BIRTH (month, day, year) Aug-10-1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Thos. J. Plummer

14. BIRTHPLACE (city or town) (State or country) not known Virginia

MOTHER

15. MAIDEN NAME Emily Corner

16. BIRTHPLACE (city or town) (State or country) not known Virginia

17. INFORMANT Mr Thos. W. Corner (son)

(Address) 3220 Seymour Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Date July-14 1937

19. UNDERTAKER Stewart & Sons Inc.

(Address) 138 W. Mt. Royal.

20. FILED JUL 14 1937 Lexington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and from the evidence examined by said (Inquest, Autopsy or Inquiry) found that said deceased came to death on the date stated above at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Senility & Heat.	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Agnew M. D.

(Address) 215 Nanon-st

7327

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 37327

CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat) 4th Ward

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rev. Frederick E. Kunnecke

If U.S. Veteran specify WAR None

(a) Residence: No. 1713 Linden Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 11-1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M E Church

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Frederick Kunnecke

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Jacobs

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mt. Hope Retreat Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July-15-37

19. UNDERTAKER Stewart Mortuary Co.

(Address) 108 W. Mulberry St.

20. FILED JUL 14 1937 Registrar. Wilmer F. Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from March, 1934 to July 13, 1937

I last saw him alive on July 13, 1937 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Rt hemiplegia due to previous cerebral thrombi	4 yrs
Other contributory causes of importance: Left Recurrent cerebral thrombus	2 days

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dallas P. Alagia M.D.

(Address) 336 Frederick Rd

37328 F 37328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland Genl Hosp 11-3 Registered No. 36

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. David T. Watkins If U.S. Veteran specify WAR .....

(a) Residence: No. 26 Kingsley Rd St., Baltimore Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Feb. 18, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER

13. NAME Thomas Watkins

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Catherine Lewis

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT R. W. Noel (Address) 26 Kingsley Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Maryland Date 7/15 1937

19. UNDERTAKER Fulton J. Carnegie (Address) Essex, Md.

20. FILED ..... 19 ..... Registrar .....

H. Engelhardt, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-13 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-4-37 19 .. to 7-13-37 19 ..

I last saw him alive on 7-13-37 19 .. Death is said to have occurred on the date stated above, at 12 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic Septicemia	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? .....

Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Tadlyman M. D.

(Address) Maryland Genl Hosp

37329 ✓ F 37329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1257 Carroll St. 21-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida C. Weber

If U.S. Veteran specify WAR .....

(a) Residence: No. 1257 Carroll St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel A. Weber

6. DATE OF BIRTH (month, day, year): July 5, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	-	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Talbot County Maryland

FATHER

13. NAME: James Bartlett

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Elizabeth Ann Bactchlor

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Miss Jessie G. Weber
(Address) 1257 Carroll St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date July 15 1937

19. UNDERTAKER: Joseph Cook
(Address) 1003 W. Baltimore St.

JUL 14 1937 E. Fletcher Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw her alive on July 12th 1937. Death is said to have occurred on the date stated above, at 6.15A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/9/37
Other contributory causes of importance: Cerebral arteriosclerosis	6 Years

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) E. E. Poulton, M. D.

(Address) 3909 Garrison Blvd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37330

CERTIFICATE OF DEATH 21705--C

24 - 95B 37330

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1918 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Smith

(a) Residence: No. 804 Tessier St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 6-20-1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	55	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER

13. NAME Jackson

14. BIRTHPLACE (city or town) (State or country) Arkansas

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 7-15 19 37

19. UNDERTAKER Jos. Fahey & Sons
(Address) 1315 Eight St

Huntington Williams M.D.
(Registrar)

JUL 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 1937

22. I HEREBY CERTIFY, That I attended deceased from March 8 1937 to July 6 1937

I last saw him alive on July 6 1937. Death is said to have occurred on the date stated above, at 12-45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	Unknown

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Hattie Sanville M. D.

(Address) Baltimore City Hospitals

F 37331

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37331

CERTIFICATE OF DEATH

46-E

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 36 S Carrollton Ave St., 18 Ward)

Length of residence in city or town where death occurred 39 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Maria Scalia

(a) Residence: No. 36 S Carrollton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Santo Scalia

6. DATE OF BIRTH (month, day, year) Aug 10-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Salvador Balsoma

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Francis Scalia

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Son Balsoma

(Address) 36 S Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date July 15, 1937

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun cor [illegible]

20. FILED JUL 14 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1936, to July 12, 1937

I last saw her alive on July 11, 1937. Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver	1936
Other contributory causes of importance: Generalized metastases	June 1937

Was an operation performed? no Date of —

For what disease or injury? none

Name of operation none Date of —

What test confirmed diagnosis? clinical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Anthony V. Buchuevas M. D.

(Address) 37 S. Stricker St

37332 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37332

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3121 Sumter Ave Ward 27-16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry A. Cohn

(a) Residence: No. 3121 Sumter Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Marie A Cohn

6. DATE OF BIRTH (month, day, year) Aug 5 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Magnetum Co.

10. Date deceased last worked at this occupation (month and year) July 37

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Adolph Cohn

14. BIRTHPLACE (city or town) (State or country) Canada

15. MAIDEN NAME Kilby

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Marie Cohn
(Address) 3121 Sumter Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date July 15 1937

19. UNDERTAKER Wm H Leitch Jr & Sons
(Address) North & Arlington Aves

20. FILED JUL 14 1937 Clayton Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1937, to July 13, 1937

I last saw him alive on July 13, 1937. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Coronary Sclerosis (?)	
b Coronary Thrombosis	5 days

Other contributory causes of importance:

Acute cardiac

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) B. Kadin M. D.

(Address) 2306 Eutaw Place

M. D. B. 1268-9

37333

F 37333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. 16-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 N. Monroe St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 4 mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hulda Dail Lederer

If U. S. Veteran specify WAR

(a) Residence: No. 601 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertie Henton Lederer

6. DATE OF BIRTH (month, day, year) Mar. 4 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Dail Lederer

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth Hopeberg

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Mr. John D. Lederer (Address) 3113 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL. Place London Park. Date July 15 1937

19. UNDERTAKER Wm. Wisehaupt Sons. (Address) Forest & Eades

20. FILED JUL 14 1937 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at about 11 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Gruner, M. D. Coroner

(Address) 215 Hanover

3733435 33/24

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27334

CERTIFICATE OF DEATH

82-B

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Jacob Ostrow

If U. S. Veteran specify WAR .....

(a) Residence: No. 2235- 1st- St- Nlos, West Dlo. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 7/16/77

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham Ostrow

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Washington D. C Date 7-14-37

19. UNDERTAKER Jack Leung Inc
(Address) 1429 E. Baltimore St.

20. FILED ..... 19..... Registrar

JUL 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 6 1937 to July 14 1937

I last saw him alive on July 14 1937 Death is said to have occurred on the date stated above, at 8.50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolus ?	July 14 1937
Other contributory causes of importance:	
Chronic Bronchitis	1925
Pulmonary Emphysema	1925

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Rawlins C. Blount M. D.

(Address) Johns Hopkins Hosp

F 37335 F 37335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 443 E 25 St. 12-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Fulghman Schofield.

(a) Residence: No. 443 E 25 St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Schofield

6. DATE OF BIRTH (month, day, year) Dec 30, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Fulghman Schofield

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Deitz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Emma Schofield

(Address) 443 E 25th

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date July 15 1937

19. UNDERTAKER Albert J. Needefeld

(Address) 2225 E. Pratt St.

20. FILED JUL 15 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	July 11

Other contributory causes of importance: Fall in bath room

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? acc Date of injury July 11 1937

Where did injury occur? Bath room 443 E 25 St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 443 E 25th St Home

Manner of injury Slipped on bath floor

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Evans M. D.

(Address) Coroner

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

37336

CERTIFICATE OF DEATH

131 F 37336

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 E Fayette St. 11-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U.S. Veteran specify War [illegible] No Record

2. FULL NAME Wilfair W. Marriott

(a) Residence: No. 1116 E Fayette St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy V. Marriott

6. DATE OF BIRTH (month, day, year) Jan 10, 67

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month, year) July 1937

11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME W. M. Hamm Marriott

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lottie E Boyle

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ruth Gilbert

(Address) 1116 E Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Lemmon's Date July 15 1937

19. UNDERTAKER Wilson Bohler

(Address) 1217 E Fayette St

FILED JUL 15 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 14 1918 to July 13 1937

I last saw him alive on July 13 1937. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Decem
	1927

Other contributory causes of importance:

Hypertension
Chronic nephritis

Was an operation performed? no Date of .....

For what disease or injury? no

What test confirmed diagnosis? Physical exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) John A Luetscher M. D.

(Address) 1 Wrage Pl Baltimore

37337 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122B F 37337

Registered No.

1. PLACE OF DEATH St. Agnes' Hospital, (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens + Caton Aves. St., 11-1 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mrs. Rebecca Jeanneret,

(a) Residence: No. 214 E. Eager St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced (or) WIFE of Constant Jeanneret

6. DATE OF BIRTH (month, day, year) Nov 13 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sunbury Penna.

FATHER

13. NAME John Reed

14. BIRTHPLACE (city or town) (State or country) Sunbury Pa

MOTHER

15. MAIDEN NAME Elizabeth Harrison

16. BIRTHPLACE (city or town) (State or country) Sunbury Pa

17. INFORMANT Mrs. T. Downes

(Address) Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cem. Date 7/16 1937

19. UNDERTAKER Mullen

(Address) 1202 E. Fayette St

FILED JUL 15 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-13-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-5- 1937, to 7-13- 1937

I last saw her alive on 7-12- 1937 Death is said to have occurred on the date stated above, at 5:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	7-12-37
myocardial failure.	7-12-37
	Cont

Other contributory causes of importance:

Was an operation performed? yes Date of 7-7-37

For what disease or injury? Abdominal Obstruction

Name of operation Exploratory

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) E Leonhardt M. D.

(Address) St Agnes Hosp Balto

HEALTH DEPARTMENT—CITY OF BALTIMORE

37338

CERTIFICATE OF DEATH

F 37338

Registered No. 15-127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St. [illegible] Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harris Ford

If U. S. Veteran specify WAR

(a) Residence: No. 2814 Hilldale Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Jennie

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Poland.

FATHER

13. NAME: Abraham Ford

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Deborah ?

16. BIRTHPLACE (city or town) (State or country): Poland.

17. INFORMANT: Dave Ford

(Address) 2814 Hilldale ave.

18. BURIAL, CREMATION, OR REMOVAL: July 15 1937

Place: Hebrew Rosedale County

19. UNDERTAKER: Sol Levinson & Bro

(Address) 1127 E Baltimore St

20. FILED 19

(Registrar)

JUL 15 1937

Washington Wilkerson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1937, to July 14, 1937

I last saw him alive on July 3rd, 1937. Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign prostatic Hypertrophy	

Other contributory causes of importance:

Cardiac Failure

Myocardial Shock

Was an operation performed? Yes Date of July 3-37

For what disease or injury? Benign Prostatic Hypertrophy

Name of operation Perineal Prostatic Resection

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Leon Gelman, M. D.

(Address) Sinai Hospital

37339

HEALTH DEPARTMENT—CITY OF BALTIMORE

37339

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3501 Boarman Ave St. 15-10 Ward)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rebecca Frank

(a) Residence: No. 3501 Boarman ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Eley

6. DATE OF BIRTH (month, day, year) April 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	3	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham Shuritz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ella

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Paul Frank

(Address) 441 Patterson Park ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Date 7/15 1937

19. UNDERTAKER Sol Levinson & Bro

(Address) 1121 E Balto St.

FILED JUL 15 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14 1937

22. I HEREBY CERTIFY, That I attended deceased from February 1937 to July 14 1937

I last saw her alive on July 13 1937 Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic degenerative myocarditis	?
Cerebral hemorrhage	
Other contributory causes of importance:	
Generalized arteriosclerosis	?
Chronic arthritis	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George Sharfstein M. D.

(Address) 506 E. North Ave

37340 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37340

CERTIFICATE OF DEATH X V 131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Agnes Hospital St. 25-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Rev. Patrick W Browne

(a) Residence: No. 1406 Lawrence St. N.E. St., ... Ward.
(Usual place of abode) Washington. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72.			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Professer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Carborear. (State or country) Newfoundland.

FATHER
13. NAME Thomas Browne
14. BIRTHPLACE (city or town) Carborear (State or country) Newfoundland

MOTHER
15. MAIDEN NAME Catherine Cosdy
16. BIRTHPLACE (city or town) Mr Grace (State or country) Newfoundland

17. INFORMANT R T Joy (Address) 1406 Lawrence St N.E.

18. BURIAL, CREMATION, OR REMOVAL
Place Washington, D.C. Date 7/15, 1937

19. UNDERTAKER James T. Ryan Joy (Address) 317 Penn Ave S.E. Wash. D.C.

JUL 15 1937 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 4 1937 to July 15, 1937
I last saw him alive on July 15, 1937 Death is said to have occurred on the date stated above, at 5:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	7-15-37
Hypertensive arteriosclerotic	1
Heart Disease.	7
Coronary Thrombosis	7
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Lawrence J Shymanski M. D.
(Address) St. Agnes Hospital

George E. Tilman

37341

HEALTH DEPARTMENT—CITY OF BALTIMORE

37341

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md. Gen. Hospital 9-5 (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No.

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred 61 yrs. 3 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George E. Tilman

(a) Residence: No. 3009 Independence St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of May Tilman

6. DATE OF BIRTH (month, day, year) March 26 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Warehouse Mfg.

10. Date deceased last worked at this occupation (month and year) 7/1937

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry C. Tilman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anna Fiedler

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Mary Tilman (Address) 3009 Independence St.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem. Date July 17, 1937

19. UNDERTAKER Howard W. Bright (Address) 1819 Eastern Ave.

JUL 15 1937

Registrar

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis, and accident Resorbed Below	

Other contributory causes of importance (give)

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/14 1937

Where did injury occur? 501 N. Charles St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In industry

Manner of injury By rising from chair fell on cement floor

Nature of injury Lacerating & Fractured and fracturing lower jaw

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Ham Cramer M. D. Coroner

(Address) 12 E. Madison St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37342 CERTIFICATE OF DEATH 24928 JS F 37342

Registered No. 2664

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Meyers

(a) Residence: No. 704 Dchelius Ave. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Meyers

6. DATE OF BIRTH (month, day, year) SEPT 16 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles Shenton

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Penn ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) B. C. H. Records

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem Date July 16 1937

19. UNDERTAKER George W. Zinbaker
(Address) 1737 E. Eager St.

20. FILED JUL 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1937, to July 13, 1937

I last saw her alive on July 13, 1937. Death is said to have occurred on the date stated above, at 6.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7-6-37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) H. A. de Santalle M. D.

(Address) Baltimore City Hospitals

F 37343 HEALTH DEPARTMENT—CITY OF BALTIMORE #15393

CERTIFICATE OF DEATH

22-295 F 37343

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 22 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary E. White

(a) Residence: No. 405 W. Lee St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) 4/6/~~1865~~ 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~22~~ 54 ~~42~~	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Lydia Dorsey

16. BIRTHPLACE (city or town) (State or country) Frederick, Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date July 17 1937

19. UNDERTAKER Walter Burns
(Address) Baltimore & Hamilton Sts.

20. FILED 7-13-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1936, to July 11, 1937.

I last saw her alive on July 11, 1937. Death is said to have occurred on the date stated above, at 11:55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease	1936
Other contributory causes of importance: Bronchopneumonia	7-8-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santella M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37344

CERTIFICATE OF DEATH

17-2

F 37344

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sydney L Corbin

If U. S. Veteran specify WAR

(a) Residence: No. 560 W Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col.	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs Bertynia Corbin

6. DATE OF BIRTH (month, day, year) Sept 29-1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gloucester Va

FATHER

13. NAME Albert Corbin

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Elizabeth Corbin

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Bertynia Corbin

(Address) 715 W Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Clay Bank, Va. Date 7/16/37

19. UNDERTAKER Mrs. George H. Hollo

(Address) 631 Druid Hill Ave

15 1937

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	July 11 1937
Internal Hemorrhage of Chest.	

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury? no

Name of operation no Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 11, 1937

Where did injury occur? 560 W. Preston St Hall (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell out of window

Nature of injury While sitting on 3rd floor window sill.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen Coroner M. D.

(Address) 509 Augusta St

V S 6

F 37345

37345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16-7 ✓ 82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2913 Riggs Ave. St., ... Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Oliver Jamison

(a) Residence: No. 2913 Riggs Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Louise Frist

6. DATE OF BIRTH (month, day, year) July 31, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Andrew Jamison

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Annie Hickman

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Anna F. Jamison
(Address) 2913 Riggs Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemy. 7/16/37

19. UNDERTAKER John Mitchell Ford
(Address) 1900 Eutaw Place

20. FILED JUL 15 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1937, to July 13, 1937

I last saw him alive on July 13, 1937. Death is said to have occurred on the date stated above, at 4:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6 9 37

Other contributory causes of importance:

arteriosclerosis

Was an operation performed? no Date of X

For what disease or injury? X

Name of operation X

What test confirmed diagnosis? X Was there an autopsy? X

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19.....

Where did injury occur? X
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify X

(Signed) W. Ken Williams, M. D.

(Address) 3200 Sequoia Ave.

37346 E 37346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital — 15 — 6 — 952 — Registered No.

CITY OF BALTIMORE: (No. ..... St., 15 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. John C. Warnes — If U. S. Veteran specify WAR .....

(a) Residence: No. 3310 W. North Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sara Morningstar Warnes

6. DATE OF BIRTH (month, day, year) Oct. 10, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Cigar Mfg.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Thurmont, Md.

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT John Roy Warnes
(Address) 111 Osborne Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date July 16, 1937

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar.

JUL 19 1937 Lexington Mitchell, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1937.

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1937. to July 13, 1937. last saw h.[illegible] alive on July 13, 1937. Death is said to have occurred on the date stated above, at 4 05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthenia - Selerosis Aortic Ulcerative Myocarditis	
Cardiac Hypertrophy & Dilatation	
Acute Cardiac Dilatation	7/13/37.

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) J. E. Bush, M. D.
(Address) Univ. Hospital

7347

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37347

CERTIFICATE OF DEATH

Registered No. 12-2

1. PLACE OF DEATH Bon Secours Hosp.
CITY OF BALTIMORE: (No. Fayette & Pulaski St. 1st Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John F. Miller

(a) Residence: No. 30 E. Univ. Pky St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mrs. Virginia A. Murray

6. DATE OF BIRTH (month, day, year) 11-24-69

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster Md.

FATHER

13. NAME George W. Miller
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Charity Brown
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John F. Miller Jr.
(Address) 2121 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date July 16, 1937

19. UNDERTAKER John O. Mitchell Sons
(Address) 1900 Eutaw Place

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/17/ 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/11/ 1937 to 7/17/ 1937
I last saw him alive on 7/17/ 1937. Death is said to have occurred on the date stated above, at 12:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis followed by operation for General & gall-bladder Surgical Shock	Sept. 1936
	7/11/37

Other contributory causes of importance:

Was an operation performed? Yes Date of 7/14/37
For what disease or injury? Cholecystitis
Name of operation Cholecystectomy
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) D. M. Dixon M.D. M. D.
(Address) Bon Secours Hosp.

37348 HEALTH DEPARTMENT—CITY OF BALTIMORE 37348

CERTIFICATE OF DEATH

Registered No. 21-2157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Donald J Housley

(a) Residence: No. 611 Wyeth St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 21, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Housley

14. BIRTHPLACE (city or town) (State or country) New York N.Y.

MOTHER

15. MAIDEN NAME Catherine Huggins

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Catherine Housley

(Address) 611 Wyeth St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date July 16, 1937

19. UNDERTAKER Cambrose, Inc.

(Address) 1217 W. Lewis St

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart disease	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1719 E. North Ave.

V S 6

F 37349

M. D. B. 1268-3

37349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4-1 94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Krug, Jr.

(a) Residence: No. 812 E. Lombard Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie L. Weaver

6. DATE OF BIRTH (month, day, year) Jan. 20, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N.R. Ford & Co.

10. Date deceased last worked at this occupation (month, day, year) July 1937

11. Total time (years) spent in this occupation 15 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Henry Krug

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Schinnick

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Henry J. Krug
(Address) 2813 E. Chase Street

18. BURIAL, CREMATION, OR REMOVAL
Woodlawn Cem. Date July 16, 1937

19. UNDERTAKER Henry Sander & Son, Inc.
Baltimore St. & Broadway

FILED JUL 15 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry & Autopsy from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry & Autopsy deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Caronary occlusion	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

37350

HEALTH DEPARTMENT—CITY OF BALTIMORE

37350

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5814 Harford Road St., 27-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Ahrendt

(a) Residence: No. 5814 Harford Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Ahrendt

6. DATE OF BIRTH (month, day, year) Aug. 12, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Peter Conrad Hoffman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Katherine Menzel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dr. J. Henry Hoffman
(Address) 5814 Harford Road

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date July 17 1937

19. UNDERTAKER Henry Sander & son, Inc.
(Address) Baltimore St. & Broadway

Geo. J. Sander

19. FILED July 15 1937, 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1937, to July 14, 1937

I last saw her alive on July 14, 1937 Death is said to have occurred on the date stated above, at 7.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cecum	?

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Herman L. Grems M. D.

(Address) 1200 Eastern Ave

F 37351

F. M. B. 1268-9

F 37351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Tiess

(a) Residence: No. 7114 Martel Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lena Tiess

6. DATE OF BIRTH (month, day, year) Mar. 16, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc W. P. A.

10. Date deceased last worked at this occupation (month and year) July 1937

11. Total time (years) spent in this occupation 1 yr.

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Tiess

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Minnie Brodowski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Lena Tiess
(Address) 7114 Martel Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Christ Church Cem. July 17 19 37

19. UNDERTAKER Henry Sander & Son, Inc.
Baltimore St. & Broadway

20. FILED ..... 19 ..... Registrar.

15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombus	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so specify .....

(Signed) Paul Thompson Coroner, M. D.

(Address) 1919 E. Monument

37352

✓ F 37352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10-2191

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 E. Madison St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. — mos. — ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert Stewart

(a) Residence: No. 1417 E Madison St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred Stewart

6. DATE OF BIRTH (month, day, year) May 28, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barber Shop

10. Date deceased last worked at this occupation (month and year) July 13 1937

11. Total time (years) spent in this occupation 9 yrs.

12. BIRTHPLACE (city or town) (State or country) Sheridan Penna.

FATHER

13. NAME John Stewart

14. BIRTHPLACE (city or town) (State or country) Louisa Co Virginia

MOTHER

15. MAIDEN NAME Lina Moore

16. BIRTHPLACE (city or town) (State or country) Norristown Penna.

17. INFORMANT Mrs. Lina M. Stewart

(Address) 1417 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cemetery Date July 18, 1937

19. UNDERTAKER Mrs Ida Barley

(Address) 1421 Jefferson St

20. FILED ..... 19 ..... Registrar

19 1357

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1937, to July 14, 1937

I last saw him alive on July 14, 1937 Death is said to have occurred on the date stated above, at 4:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sunstroke	7/13/37
Other contributory causes of importance: Cardiac failure	7/14/37

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harris B Luke M. D.

(Address) 1741 E Lanvale St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37353

CERTIFICATE OF DEATH

F 37353

1. PLACE OF DEATH Union Memorial Hospital — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3434 Rolandave Ward) 43-C

Length of residence in city or town where death occurred 20 yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

If U. S. Veteran specify WAR ____

2. FULL NAME Charles E Smith

(a) Residence: No. 3434 Rolandave Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Cora Maud Della Smith

6. DATE OF BIRTH (month, day, year) Sept 30 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Screw Cap Dept. Crown Cork Seal Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tinner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Co

FATHER

13. NAME Geo H Smith

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Trumpler

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Cora M Smith (Address) 3434 Rolandave

18. BURIAL, CREMATION, OR REMOVAL. Place Shrewsbury, Pa. Date July 17 1937

19. UNDERTAKER Horace F Burgee (Address) 3224 Falls Road

Registrar

20. FILED JUL 15 1937

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: Inquiry his Coronary Occlusion — Date of onset ____

Other contributory causes of importance: ____

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation None Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ____, 19 ____

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury None

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) John A Evans, M. D. Coroner

(Address) Coroner

F 37354 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37354

Registered No. 27-13 9466

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 6001 ~~Falls Rd.~~ St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elmer Hans Lurry
If U. S. Veteran specify WAR

(a) Residence: No. 6001 Falls Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 30 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59.	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stone mason
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME Richard A Hans Lurry
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Mary C Neff
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Stella Kelso.
(Address) 6001 Falls Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Hope, Frederick July 17 1937

19. UNDERTAKER Horace F Burgee
(Address) 3631 Falls Road

21. FILED JUL 15 1937 Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoralis	

Other contributory causes of importance:

Was an operation performed? Teeth extracted Date of July 11, 37

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury , 19

Where did Injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify

(Signed) John A Evans M. D.
Coroner

(Address)

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37355

CERTIFICATE OF DEATH

131 F 37355

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1438 Covington St., 24-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emil O. Kirchwehm

If U. S. Veteran specify WAR

(a) Residence: No. 1438 Covington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Kirchwehm

6. DATE OF BIRTH (month, day, year) Sept 27, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Oscar Kirchwehm
(Address) 1438 Covington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date July 17 37

19. UNDERTAKER Margaret A. Flynn
(Address) 1421 Light St.

20. FILED JUL 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1937 to July 14, 1937

I last saw h.im alive on July 14, 1937. Death is said to have occurred on the date stated above, at 9.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Myocardial insufficiency	Nov 1936
Chronic interstitial Nephritis	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) S. H. Streett, M. D.

(Address) 421 E Fort Ave

F 37356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37356

Registered No. 15-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? 46 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Julia Ronayne.

(a) Residence: No. 2500 Oswego Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If ~~Married, Widowed, or Divorced~~ HUSBAND of (or) WIFE of William Ronayne

6. DATE OF BIRTH (month, day, year) Don not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	-----	-----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME Edward Noonan.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME ------ Barry.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Annie Mullen(niece)
(Address) 2500 Oswego Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. (HARFORD RD.) Date 7/16/37 19

19. UNDERTAKER G. Vernon Lemmon.
(Address) 4611 Park Heights Ave.

20. [illegible]

JUL 15 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of right femur.	6/19/37
Accidental fall to floor.	
Arterio sclerosis.	

Other contributory causes of importance:

Broncho pneumonia.	7/8/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6/19/37

Where did injury occur? At 2500 Oswego Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Fall to the floor.

Nature of injury Fracture of right femur.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) [illegible] M. D. Coroner

7/14/37 (Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37357

CERTIFICATE OF DEATH

191 F 37357

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1513 Eastern Ave Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Felix Sheremeta

(a) Residence: No. 1513 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60 Yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr Frank Kardash
(Address) 641 N Hoffman

18. BURIAL, CREMATION, OR REMOVAL Md. a. Co.
Place Holy Trinity Russian Date July 15 1937

19. UNDERTAKER John Greblauckas
(Address) 623 S. Paca St.

20. [illegible] Washington, D. C.
Registrar.

JUL 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat exhaustion	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) John A Evans M. D.
Coroner
(Address)

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37358 CERTIFICATE OF DEATH X 97 F 37358

1. PLACE OF DEATH Maryland General Hosp Registered No.

CITY OF BALTIMORE: (No. 11-3 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Dennis Kavanaugh If U.S. Veteran specify WAR

(a) Residence: No. 128 W. Slade Ave. Pikesville Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Caroline E. Kavanaugh

6. DATE OF BIRTH (month, day, year) July 14, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ins Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland Maryland

FATHER

13. NAME Mr. Dennis Kavanaugh

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Conway Kavanaugh

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Caroline E. Kavanaugh (Address) 128 Slade Ave W.

18. BURIAL, CREMATION, OR REMOVAL Dunbarton Cem Date 7/17/37

19. UNDERTAKER Lemuel Fooley (Address) Fulton & Forsythe

20. DATE RECEIVED 1937 Washington Boulevard

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-13-37

22. I HEREBY CERTIFY, That I attended deceased from 5-14-37, 19 . to 7-13-37, 19 .

I last saw him alive on 7-13-37, 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Edelman, M. D.

(Address) Maryland Gen'l Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37359 CERTIFICATE OF DEATH 122-B F 37359

Registered No. .....

1. PLACE OF DEATH Md Gen Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 15-40 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida C. Shadler

(a) Residence: No. 400 Mulberry Apts St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Feb 11 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

MOTHER FATHER

13. NAME Thos Mshadler Pa

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Christina Millert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ellen Schwarz

(Address) 6 Clark Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 7-16 1937

19. UNDERTAKER Hughes & Jones, Inc

(Address) 424 N. Broadway

20. FILED JUL 15 1937 Wilhelm Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came ... death on the day stated above. 4 3/5 days

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enterokinal Obstruction	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A Hamm Cramer Coroner, M. D.

(Address) 1215 Hanover

F 37360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B Ps 7-28

Registered No. F 37360

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Cordelia Norris

(a) Residence: No. 917 Shuter St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1898 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Nat. Calvary Date July 17 1937

19. UNDERTAKER Robert H. Feeney

(Address) 804 N. Caroline St

20. FILED JUL 15 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1937, to July 13, 1937.

I last saw h... alive on July 12, 1937. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1931

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation None

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) Harold L. Abbott, M. D.

(Address) Baltimore City Hospitals

37361

F 37361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 So. Gilmor St. 19-4 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry M. Haigley

(a) Residence: No. 4 So. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nora A. Haigley

6. DATE OF BIRTH (month, day, year): March 1-1881

7. AGE: Years 56 | Months 4 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B to O R.R. 0073

10. Date deceased last worked at this occupation (month and year): 7-13-37

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: Alphonze Haigley

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Margaret

16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT (Address): Mrs Nora Haigley 4 So Gilmor St

18. BURIAL, CREMATION, OR REMOVAL. Place: Cathedral Date: 7/17/37

19. UNDERTAKER (Address): Jos. L. Beyer & Sons 15 N Fulton Ave

20. FILED: JUL 15 1937 Clayton White [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 13 1937

22. I HEREBY CERTIFY, That I attended deceased from June 13 1937 to July 13 1937

I last saw h[illegible] alive on July 1st 1937 Death is said to have occurred on the date stated above, at 11.45 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Emb[illegible]. — Date of onset: .....

Other contributory causes of importance:

Chronic Myocarditis — Date of onset: .....

Chronic Arthritis — Date of onset: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. E. Falasi M. D.

(Address) 4 So. Fulton Ave Baltimore.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37362 37362

CERTIFICATE OF DEATH

-46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 S. Smallwood St. 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lena Imhoff

(a) Residence: No. 418 S. Smallwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late William Imhoff

6. DATE OF BIRTH (month, day, year) Dec. 3, 1870.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME John J. Hiller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Margaret Sewell
(Address) 418 S. Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date July 17, 1937

19. UNDERTAKER Jno. F. Smith
(Address) 4101 Edmondson Ave.

20. FILED 19 [illegible]

JUL 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13- 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1- 1937 to July 13 1937

I last saw her alive on July 12 1937 Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Metastasis to Liver	
Endocarditis	
Other contributory causes of importance: Pulmonary Edema	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical & X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert C. Hatch, M. D.

(Address) 315 Wilson Av

37363

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37363

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16-3 Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Savoy (21508)

(a) Residence: No. 914 Mount St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Essie Read

6. DATE OF BIRTH (month, day, year) June 10, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Hampton

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Julia Jones

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date JUL 15 1937

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED ... 19... Registrar

U.L. J... Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1937 to July 9, 1937

I last saw h... im alive on July 9, 1937 Death is said to have occurred on the date stated above, at 12:40 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs — Date of onset Jan. 1937

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) Leo M. Custer M. D.

(Address) Baltimore City Hospitals

F 37364

37364 **HEALTH DEPARTMENT—CITY OF BALTIMORE** #24454 SF

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 1541 34

CITY OF BALTIMORE: (No. Balto. City Hospitals St., life Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

If U. S. Veteran specify WAR —

2. FULL NAME Harry Belt

(a) Residence: No. 1352 N. Calhoun St. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aronic

6. DATE OF BIRTH (month, day, year) 11/27/1892

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Robert

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Harriet

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL JUL 15 1937 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Myers

20. FILED JUL 15 1937

F3364

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1937, to July 12, 1937.

I last saw him alive on July 12, 1937. Death is said to have occurred on the date stated above, at 4:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic heart disease	April 1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. L. de Santalla M. D.

(Address) Baltimore City Hospitals

37365 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37365

CERTIFICATE OF DEATH

46-B

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1711 Jackson St. Ward 24-4

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John J. Holland

(a) Residence, No. 1711 Jackson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced, HUSBAND of ~~(or WIFE of)~~ Ely. Holland

6. DATE OF BIRTH (month, day, year) Apr 25 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. Co

10. Date deceased last worked at this occupation (month and year) Jan 1937

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Del

FATHER

13. NAME Thos. Holland

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) Del.

17. INFORMANT Mary J. Holland
(Address) 1711 S. Jackson St

18. BURIAL, CREMATION, OR REMOVAL Interment Cathedral Date 7/16 1937
Place

19. UNDERTAKER John J. Nolan
(Address) 3060 E. Baltimore St

20. FILED ..... 19 ..... Registrar

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/14, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15 1937 to July 14 1937

I last saw h[im] alive on July 13 1937 Death is said to have occurred on the date stated above, at 1.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	3 mos.
Other contributory causes of importance:	

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Whelan M. D.

(Address) 1279 Fulton Ave

F 37366

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37366

CERTIFICATE OF DEATH

34-94-13

1937 — ET

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St. 10-2 Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Allan Norman

(a) Residence: No. 788 St. James' Court St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-12-1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME George Norman

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date JUL 15 1937 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED JUL 19 1937

VS 3355

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1937, to July 10, 1937. I last saw h[illegible] alive on July 10, 1937. Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic heart disease	1935
Coronary occlusion	7-10-37

Was an operation performed? No Date of .....

For what disease or injury? .....

Nature of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. G. de Lamkle M. D.

(Address) Baltimore City Hospitals

37367 HEALTH DEPARTMENT—CITY OF BALTIMORE 37367

CERTIFICATE OF DEATH 23953 SS 1-94-3

Registered No. 34 C 1-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Roy Hansom

(a) Residence: No. 1129 Druid Hill Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christine

6. DATE OF BIRTH (month, day, year) 4-20-1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash. D. C.

FATHER

13. NAME Stephen

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Lillian Harris

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL JUL 15 1937
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED 19 JUL 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1937 to July 7, 1937

I last saw him alive on July 7 1937 Death is said to have occurred on the date stated above, at 10:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic aortitis	1936
Other contributory causes of importance: Coronary occlusion	7-7-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. de Sanctis M. D.
(Address) Baltimore City Hospitals

37368 F 37368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 S. Bouldin St. 26 Ward) Registered No. 11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Michael Malko

(a) Residence: No. 1012 S Bouldin St., Ward.
(Usual place of abode) Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Malko

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Millwright

10. Date deceased last worked at this occupation (month and year) 6/4/1937

11. Total time (years) spent in this occupation 17 years

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Daniel Malko

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Marmash

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT John Malko (Address) 1012 S Bouldin St

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date 7/17/37

19. UNDERTAKER John Leupold (Address) 2811 Hudson St

20. FILED 19 Registrar

L. 1937 Lexington Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14 - 1937

22. I HEREBY CERTIFY, That I attended deceased from July 5 - 1937 to July 14 1937

I last saw him alive on July 14 1937. Death is said to have occurred on the date stated above, at 5:47 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	July 5
Other contributory causes of importance: Bronchiectasis Several years duration	over

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) N. J. Davidson M. D.

(Address) 2228 Eastern Ave

F 37369

37369 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 55 D.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Ward) 19-2

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Grace C. Beaumont

(a) Residence: No. 1405 W. Baltimore St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND (or) WIFE of George Beaumont

6. DATE OF BIRTH (month, day, year) Nov. 2 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Francis Shipley

14. BIRTHPLACE (city or town) (State or country) Howard County Md.

MOTHER

15. MAIDEN NAME Mary Chandler

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT George Beaumont

(Address) 1405 W. Balto. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date July 17 1937

19. UNDERTAKER Geo. W. Little

(Address) 2100 Edmondson ave

20. FILED JUL 16 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable brain tumor	
Contributory	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schentag, M. D. Coroner

(Address) 1919 E. North Ave

OCCUPATION IS very important. See instructions on back of certificate.

37370 F 37370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

6-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Garry Taylor (24927) If U. S. Veteran specify WAR

(a) Residence: No. 200 N. Montford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 28, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Richard

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Timmons

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Catalpa Cem Date July 16 1937

19. UNDERTAKER Harry R Andracot
(Address) #204 Ridgewood Ave

20. FILED 19 Registrar

JUL 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1937 to July 14, 1937

I last saw h. im alive on July 14, 1937 Death is said to have occurred on the date stated above, at 12:25 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Aug. 1936
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Leo M. Curtis M. D.

(Address) Baltimore City Hospitals

37371

HEALTH DEPARTMENT—CITY OF BALTIMORE

37371

CERTIFICATE OF DEATH

141

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Herman Richter

(a) Residence: No. 5 N. Exeter St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Moritz H. Richter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Hildebrandt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Julius B. Richter

(Address) 107 N. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place MtCarmel Date July 16 19 37

19. UNDERTAKER John Ulrich

(Address) 2008 Orleans St

20. FILED ..... 19 .....

(Registrar)

JUL 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came ...his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteoma of brain, liver & spleen & Kidneys	1930

Other contributory causes of importance: Acute dilatation of heart

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber Coroner, M. D.

(Address) 1412 E. Monument

OCCUPATIONS is very important. See Instructions on Back of Certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37372

CERTIFICATE OF DEATH

92 ay

F 37372

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St. 11-1 Ward)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Paul Brown.

(a) Residence: No. 625 N. Calvert St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) June 28, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 012

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Charles Brown.

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME Josephine Brown.

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Mrs. Clara Guills. (sister)

(Address) 202 B St. Lynchburg, Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Spring Hill Cem. Lynchburg Va. Date July 16 1937

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

Filed ... 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held ... autopsy & inquiry ... and from the evidence obtained by ... autopsy & inquiry ... (Inquest, Autopsy or Inquiry) ... said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacterial Endocarditis of Mitral Valve	
Oedema & Congestion of Brain & Lungs	
Other contributory causes of importance: Infarcts of Spleen & Kidney	

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.
Coroner

3/15/37 (Address) 1017 S. Charles St

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37373

CERTIFICATE OF DEATH

46B

1. PLACE OF DEATH St Josephs Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Caroline & Olivia St. 7-4 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Lena Ruppert — If U. S. Veteran specify WAR To Record

(a) Residence: No. 1641 Abbot St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of William Ruppert

6. DATE OF BIRTH (month, day, year) Nov 25 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Gossman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katharina ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William Ruppert
(Address) 1641 Abbott St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date July 19 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JUL 15 1937 Clayton Veltmann Registrar

L H B

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/15, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-6, 1937, to 7/15/37, 19...

I last saw her alive on 7-15, 1937 Death is said to have occurred on the date stated above, at 9.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	

Other contributory causes of importance:

General metastases to viscera, Post operative shock.	

Was an operation performed? Autopsy Date of 7-15-37

For what disease or injury? Abdomen

Name of operation Laparotomy

What test confirmed diagnosis? Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Frank R Stephenson M. D.

(Address) St. Joe Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37374

CERTIFICATE OF DEATH

26 17968 JS

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 15-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Harriett Wygodsky

(a) Residence: No. 1907 Cedric Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-16-1920

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Leon Wygodsky

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Elsa Heikirch

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date July 17 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 19 Register Williams M.D.

JUL 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-14-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-16 1936 to 7-14 - 1937

I last saw her alive on 7-14 - 1937 Death is said to have occurred on the date stated above, at 9:30 P.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lumbo-dorsal Spine — ?
Tuberculosis of Hip left — ?
Hydronephrosis left — ?

Date of onset

Other contributory causes of importance:
Bronchopneumonia

Was an operation performed? Yes Date of 11-14-36

For what disease or injury? Tbc. Spine

Name of operation Spine fusion + Casts

What test confirmed diagnosis? X-ray Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) C. L. Brantigan M. D.

(Address) Baltimore City Hosp.

Podowski

F 37375 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 37375

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 1-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 50 yrs. ... mos. ... ds.

2. FULL NAME Leofilia Podowski

If U. S. Veteran specify WAR .....

(a) Residence: No. 7 S. Ellwood Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Podowski

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Peter Podleszny

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Kuksenn

16. BIRTHPLACE (city or town) (State or country) Kuksenn

17. INFORMANT Miss Vera Podowski

(Address) 7 S. Ellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Cem. Date July 17, 1937

19. UNDERTAKER M. F. Sadowski & Sons

(Address) 1808 Eastern Ave

20. FILED ..... 19..... .....

JUL 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Other contributory causes of importance: Diabetic Coma	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1912 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37376

CERTIFICATE OF DEATH

93-F 37376

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 25-3 Ward)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Laura Clare

(a) Residence: No. 2309 Annapolis Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry N. Clare

6. DATE OF BIRTH (month, day, year) Jan. 9-1867

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME James Foster

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lucinda Pane

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Elva Nash
(Address) 1509 Webster St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 7/17 1937

19. UNDERTAKER Richard F. Cuskey F.D. Inc.
(Address) 700 E. North Ave. Baltimore, Md.

20. FILED JUL 16 1937 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest / Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance: ~~Chronic~~ Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Paul Wheeler Coroner, M. D.

(Address) 1912 E. North Ave.

F 37377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183 F 37377

Registered No. 1552

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Gwynns Falls near Lexington (Street)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. 8 mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Gaskins, Jr.(c)

(a) Residence: No. 1706 Presstman St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) November 1, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Gaskins Sr.(c)

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Aiken Hoy.(c)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Joseph Gaskins Sr.(c) father

(Address) 1706 Presstman St.

18. BURIAL, CREMATION, OR REMOVAL Mt Auburn 7/17 37

Place ..... Date 19

19. UNDERTAKER Thomas E Kelson

(Address) 1383 Presstman St

20. FILED 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning while in bathing.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 7/13/37

Where did injury occur? Gwynns Fall. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place.

Manner of injury In bathing.

Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

Coroner

7/14/37 (Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37378

CERTIFICATE OF DEATH

F 37378

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital (ST.) 19-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna MELLAS (Anna Helen Mellas)

(a) RESIDENCE NO. Frederick Road Route 3 (ST.) Ellicott City Md. (WARD)

(Usual place of abode) Pine Orchard Howard Co. (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced
(or) WIFE of Robert L. Mellas.

6 DATE OF BIRTH (month, day, and year) April 8, 1902.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Martin Youskanskas

11 BIRTHPLACE OF FATHER (city or town) Russia (State or country)

12 MAIDEN NAME OF MOTHER Anna Bilkas

13 BIRTHPLACE OF MOTHER (city or town) Russia. (State or country)

14 Informant Robert Mellas

(Address) Route #2 Ellicott City, Md.

JUL 16 1937 19 H. Livingston Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15-1937

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to July 15, 1937, that I last saw her alive on July 15, 1937 and that death occurred, on the date stated above, at 9:15 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma breast

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Generalized metastases.

(duration) yrs. 1 mos. ds.

18 Where was disease contracted 7
If not at place of death?

Did an operation precede death? Yes Date of June 1937

Was there an autopsy? no

What test confirmed diagnosis? biopsy

(Signed) Anthony V. Bruchuras, M. D.

, 19 (Address) 37 N. Stricker St.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL July 19 1937

UNDERTAKER Wm. J. Leckner & Sons.

ADDRESS

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37379 ✓ F 37379

CERTIFICATE OF DEATH

Registered No. 44-53

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 N Fulton St. 16-H Ward)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Minnie Kimmel Young

(a) Residence: No. 922 N. Fulton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Harrison Young

6. DATE OF BIRTH (month, day, year): Dec 3 1874

7. AGE: Years 62 | Months 7 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Grafton W Va

FATHER

13. NAME: Simon Peter Kimmel
14. BIRTHPLACE (city or town) (State or country): Swanwyffe W Va

MOTHER

15. MAIDEN NAME: Henrietta Carrington
16. BIRTHPLACE (city or town) (State or country): Winchester Va

17. INFORMANT: Miss Grace Kimmel
(Address) 922 N Fulton

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park Date July 16 1937

19. UNDERTAKER: H. Nusbaum Sons
(Address) Robb & Penna

20. FILED JUL 16 1937 Registrar. Washington Nathaniel M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 14 1935 to July 13 1937

I last saw h alive on July 13 1937 Death is said to have occurred on the date stated above, at 1.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung, involving the Pleura	2 yrs
Other contributory causes of importance: Cardiac insufficiency	1 day

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Martin W Short M. D.

(Address) 5062 Reisterstown Rd

6

F 37380

F 37380 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 818 ~~[illegible]~~ S Bond St., 2-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .. yrs. .... mos. .... ds. How long in U. S. If of foreign birth? 40 yrs. .... mos. .... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Amelia Derkusky

(a) Residence: No. 818 ~~[illegible]~~ S. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Abt 52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mary Koterwas
(Address) 120 St. Wagners Pt.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart of Mary July 16 1937

19. UNDERTAKER Wm. S. Fialkowski
(Address) 2007 Eastern Ave

[illegible] Registered, M.D.

JUL 16 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, and that said deceased came to her death on the date stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Schuchey M. D.
Coroner

(Address) 1912 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

37381

37381

CERTIFICATE OF DEATH

X V 51-C

1. PLACE OF DEATH Church Home + Infirmary

CITY OF BALTIMORE: (No. ..... St., 1 W. ..... Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Francis Waters

(a) Residence: No. 1427 Bolton St St., Ward. Bayside, Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 1, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1916

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

FATHER

13. NAME Dr. Edmund G Waters

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Margaret A Hicks

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Mary A Waters M.D
(Address) 1427 Bolton St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 17 1937

19. UNDERTAKER Henry W Jenkins Son & Co
(Address) McCulloh + Orchard Sts

FILED JUL 16 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...

I last saw h alive on July 15 1937 Death is said to have occurred on the date stated above, at 5.20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Ca of Prostate	5-29-37

Other contributory causes of Importance:

Name of operation Supra pubic prostatectomy Date of 3-20-36

What test confirmed diagnosis? Xray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Wesley J. Keitz M. D.

(Address) Church Home + Inf

CAUTION: THIS CERTIFICATE IS NOT VALID UNLESS IT BEARS THE SEAL OF THE REGISTRAR. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

37382

HEALTH DEPARTMENT—CITY OF BALTIMORE

24864--CM F 37382

CERTIFICATE OF DEATH

13-8 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosptsl. St. Life Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Dorster (Doster)

If U. S. Veteran specify WAR

(a) Residence: No. 1401 Morling Ave., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary (D)

6. DATE OF BIRTH (month, day, year) 4-6-1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Edward Dorster Pa.

MOTHER

15. MAIDEN NAME Mary Dorster

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Dr. Mayo Hampden Date July 17, 1937

19. UNDERTAKER Thomas Kelly

(Address) 3615 Clifton Ave

20. FILED 19 Huntington Williams M.D.

JUL 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 8 1937 to July 14 1937

I last saw him alive on July 14, 1937. Death is said to have occurred on the date stated above, at 2.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Unknown
Coronary occlusion	7-14-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

#24865

F 37383

CERTIFICATE OF DEATH

F 37383 SF

34-108

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St. Ward) 16-12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if foreign birth? yrs. mos. ds.

2. FULL NAME Lawson Dean

If U. S. Veteran specify WAR

(a) Residence: No. Turners Station St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie

6. DATE OF BIRTH (month, day, year) 6/6/05

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beth. Steel Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Henry Dean

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Laura Patterson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Fairville Va Date July 16 1937

19. UNDERTAKER Archibald N. Goulden
(Address) 2151 McCulloh St.

20. FILED 19

JUL 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1937, to July 15, 1937

I last saw him alive on July 15, 1937. Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	7-6-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37384 — CERTIFICATE OF DEATH — 137 F 37384

1. PLACE OF DEATH: Md. Gen'l. Hosp. — Registered No. 26-2

CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME: Robert Emerson — If U.S. Veteran specify WAR .....

(a) Residence: No. 4400 Pleasant View Ave St., ... Ward. ..... (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): May 20, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	2	15 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: William Emerson

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Sarah Smith

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Mrs Sarah Smith (Address) 4400 Pleasant View ave

18. BURIAL, CREMATION, OR REMOVAL: Place Balto Cem. Date July 19 37

19. UNDERTAKER: John R. Miller (Address) 2334 Eastern Ave

20. FILED ..... Registrar.

JUL 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/7/37, 19.. to 7/15/37, 19.. I last saw him alive on 7/15/37, 19.. Death is said to have occurred on the date stated above, at 2:05 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Bronchial Pneumonia~~	
Prostatic Hypertrophy	7/3/37
Supra pubic prostatectomy	
Other contributory causes of importance:	
~~Hypertrophy of Prostate — Benign~~	
Bronchial Pneumonia.	7/9/37

Was an operation performed? Yes Date of 7/9/37

For what disease or injury? Prostatic Hypertrophy

What test confirmed diagnosis? Cytoscopy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. L. Ewald M. D.

(Address) Md. Gen'l. Hosp.

F 37385

37385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 240 E. Montgomery St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa Morgan

If U. S. Veteran specify WAR

(a) Residence: No. 727 E 21st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W. | 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or ~~HUSBAND of~~ (or) WIFE of A. Buxton Morgan

6. DATE OF BIRTH (month, day, year) Mar. 22 1855

7. AGE: Years 82 | Months 3 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Penn.

FATHER

13. NAME Louis Ross

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Becker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Owns (Address) 727 E 21st St

18. BURIAL, CREMATION, OR REMOVAL Dist. Greenlawn Date July 16-37

19. UNDERTAKER John A. Horan (Address) 3500 E. Baltimore St.

20. FILED JUL 16 1937 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/17, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1933 to 7-17-37, 19

I last saw h alive on 7-13-37 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset 12 hrs.

Other contributory causes of importance: Cerebral arterio-sclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas Jones Williams M.D.

(Address) 20 E. Read St

B7386

HEALTH DEPARTMENT—CITY OF BALTIMORE

B7386

CERTIFICATE OF DEATH

97

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 Lumbridge St. 27-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary A. Cummings

If U. S. Veteran specify WAR .....

(a) Residence: No. 522 Lumbridge Road Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 14, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Schoolteacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Frank Cummings

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Jane Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. E. Montgomery

(Address) 522 Lumbridge Road

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date July 17 1937

19. UNDERTAKER Rita Redfield

(Address) 914 Greenmount Ave

JUL 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/14/ 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/14/ 1937 to 7/15/ 1937

I last saw h-e alive on 7/14/ 1937. Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis

Date of onset

Other contributory causes of importance:

senility

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) J. B. Boyle M. D.

(Address) 5309 Harford Rd

Dr Boyle

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24916 JS F 37387

F 37387 Registered No. 95B

1. PLACE OF DEATH Balto. City Hospt. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-4 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... da. How long in U. S. If of foreign birth 30 yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Agnatius Dipasquale

(a) Residence: No. 1911 E. Chase St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Di Pasquale

6. DATE OF BIRTH (month, day, year) 7-4-1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Loreto Di Pasquale

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Santina Loverdi

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Ce Date July 17 37

19. UNDERTAKER Frank Wallace & Son
(Address) 524 N Horley St.

20. FILED Huntington Williams JUL 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14 1937

22. I HEREBY CERTIFY, That I attended deceased from July 11 1937 to July 14 1937

I last saw him alive on July 14 1937. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	7-11-37
Other contributory causes of importance: Hypertensive cardiovascular disease	Unknown

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) H. A. de Lambert M. D.

(Address) Baltimore City Hospitals

VS 5

F 37388

F-37388 1

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

176

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Marshall Shipley

(a) Residence: No. 824 Born Ct. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 4, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0540

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm. Shipley

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ida Ella Rodgers

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Ed. Shipley 779 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date July 17 1937

19. UNDERTAKER Chas. H. Cooper

(Address) 514 N. Calhoun St.

JUL 16 1937 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day) July 11 1937 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab Wound of Abdoman	

Other contributory causes of importance:

Was an operation performed? Yes Date July 3, 1937

For what disease or injury? Injury

Name of operation Close Wound Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Date of injury July 3, 1937

Where did injury occur? 112 & 114 N. Amety St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Bwlsky Tavern

Manner of injury Stab Pocket knife

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) .....

(Address) 757 [illegible] Coroner M. D.

OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

37389

CERTIFICATE OF DEATH

F 37389

1. PLACE OF DEATH — Ferndale Reb. Home for Aged & Inf.

CITY OF BALTIMORE: (No. ..... St., ... Ward.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME — Mrs Sarah Schor

(a) Residence: No. Belvedere & Greenspring Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Israel Schor

6. DATE OF BIRTH (month, day, year) .....

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) — Russia

FATHER

13. NAME — Unknown

14. BIRTHPLACE (city or town) (State or country) — Russia

MOTHER

15. MAIDEN NAME — Unknown

16. BIRTHPLACE (city or town) (State or country) — Russia

17. INFORMANT — Jos. Schor Son
(Address) Belvedere & Greenspring Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Northern Cem. Date 7-16- 193[illegible]

19. UNDERTAKER — Jack Lewis Inc
(Address) 1431 E. Baltimore St.

FILED JUL 15 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — July 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-13, 1933, to 7-15, 1937

I last saw h[illegible] alive on 7-15, 1937. Death is said to have occurred on the date stated above, at 3 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myo. Carditis	10 yrs
Mitral Insufficiency	
Other contributory causes of importance:	
Fracture right femur	6-27-37

Was an operation performed? — No — Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Clinical — Was there an autopsy? — No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? — Reborn Home
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place — Home

Manner of Injury — Fell in room to floor

Nature of Injury — Fracture right femur

24. Was disease or injury in any way related to occupation of deceased? — No

If so, specify .....

(Signed) Edmund Levin, M. D.

(Address) Lutherville

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37390 CERTIFICATE OF DEATH 131 F 37390

Registered No.

1. PLACE OF DEATH University Hospital 2-2

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 35 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Hollie Goldsmith

(a) Residence: No. 1829 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Samuel

6. DATE OF BIRTH (month, day, year) 9-10-1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Meyer Landsberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Nebo Date 7-16-37

19. UNDERTAKER Taylor & Lemmon
(Address) 1432 E. Balto St

20. FILED JUL 16 1937 Washington Weitzenhoffer

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1937 to July 15, 1937

I last saw her alive on July 15, 1937 Death is said to have occurred on the date stated above, at 9: P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Artero-Sclerotic Cardio-vascular Disease	
Chr interstitial Nephritis	
Terminal Bronchopneumonia	7/13/37

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph E. Bush, M. D.

(Address) Univ. Hospital

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37391

CERTIFICATE OF DEATH

131 F 37391

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 E. Lafayette Ave Ward) 6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Thomas F. Mills

(a) Residence: No. 1501 E. Lafayette Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Ida M. Mills.

6. DATE OF BIRTH (month, day, year): Oct 23. 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74.	7	22.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Galveston Baltimore County.

FATHER

13. NAME: Thomas Mills Sr.

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Elizabeth Collins

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Ida M. Mills

(Address) 1501 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park. Date: July 16. 1937

19. UNDERTAKER: Kendel Harper

(Address) 1405 Gough St

JUL 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 13. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 11. 1937. to July 13. 1937.

I last saw him alive on July 13. 1937. Death is said to have occurred on the date stated above, at 11:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Stricture	
Other contributory causes of importance: Chronic Nephritis	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. Kerrigan M.D. M. D.

(Address) 206 N. Patterson Park Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

37392

CERTIFICATE OF DEATH

71-a F 37392

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 437 N. Montford Ave (Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick Gahn

If U. S. Veteran specify WAR .....

(a) Residence: No. 437 N. Montford Ave St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Gahn

6. DATE OF BIRTH (month, day, year) Dec 20-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired butter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. hole maker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Leonard Gahn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna M. Gahn (Address) 437 N. Montford ave

18. BURIAL, CREMATION, OR REMOVAL Place London Pk. Date 7/16/37

19. UNDERTAKER Philip Herwig & Sons (Address) 2016 Eutaw St

FILED JUL 16 1937 Clayton Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14 1937

22. I HEREBY CERTIFY, That I attended deceased from July 3-1931 19.... to July 14 1937

I last saw h.. alive on July 13-1937 19.... Death is said to have occurred on the date stated above, at 4:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	Apr. 1931
Other contributory causes of importance: Exhaustion	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Blood Count Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, state

(Signed) Wm Schmidt M. D.

(Address) 701 N. Kenwood Ave.

37393

HEALTH DEPARTMENT—CITY OF BALTIMORE

37393

CERTIFICATE OF DEATH

94B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp St., 6-4 Ward)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Wagner

(a) Residence: No. 2211 N. Chapel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 12-1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Geo. Wm Wagner

14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME Katherine Barbert

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT Mrs. John Hasselbarth
(Address) 511 N. Belnord Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date 7/17/37 19

19. UNDERTAKER Fred Herbig Sons
(Address) 20 E. Lexington St

Lexington Funeral Home, Inc.

FILED JUL 19 1937

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
6	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of No

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1919 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37394 CERTIFICATE OF DEATH 128 F 37394

1. PLACE OF DEATH Union Memorial Hospital 12-W

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 19 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Dora Jane Healy

If U. S. Veteran specify WAR .....

(a) Residence: No. Delta Pa. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Mr James J. Healy

6. DATE OF BIRTH (month, day, year) Nov. 25, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER

13. NAME James Bennington

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Crawford.

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Hosp Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Delta Pa. Date July 18th 1937.

19. UNDERTAKER B. G. Hartle
(Address) 121 E. Wrightt Huntingtown Pennsylvania

20. Filed JUL 19 1937 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1937, to July 16, 1937

I last saw her alive on July 11, 1937. Death is said to have occurred on the date stated above, at 6:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemorrhagic Pancreatitis	6-27-37

Other contributory causes of importance:
Cholecystitis with cholelithiasis

Was an operation performed? Yes Date of 7-12-37

For what disease or injury? Acute Hemorrhagic Pancreatitis

Name of operation Exploratory laparotomy + cholecystotomy

What test confirmed diagnosis? ..... Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Frank M. Weaver M. D.

(Address) Union Memorial Hospital

VS 2

37395 HEALTH DEPARTMENT—CITY OF BALTIMORE 37395

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3210 Evergreen Ave. 27-1 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME John W. Snyder
(a) Residence: No. 3210 Evergreen Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/23/1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore.

FATHER
13. NAME Daniel Snyder
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mo. J. McKeck
(Address) 3210 Evergreen Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 7/17/ 1937

19. UNDERTAKER Fahey Bros.
(Address) 1318 Light St.

20. FILED 1937 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1937.

22. I HEREBY CERTIFY, That I attended deceased from June 10 1937 to July 13 1937
that I last saw him alive on July 13 1937 Death is said to have occurred on the date stated above, at 1145 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	
Arteriosclerosis	
Hypertension	

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A. Ehrenfried, M. D.
(Address) 1337 E. Chase St.

F 37396

F 37396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 S. Linwood Ave. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Loss

(a) Residence: No. 927 S. Linwood Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Loss

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superintendent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME John Loss

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Loss

(Address) 927 S. Linwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 7/19 37 19

19. UNDERTAKER John J. Ryda

(Address) 2811 Hudson St

Huntington Station Baltimore Md.

JUL 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 1937

22. I HEREBY CERTIFY, That I attended deceased from June 23 1937 to July 15 1937

I last saw him alive on June 14 1937 Death is said to have occurred on the date stated above, at 11:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	4/36
Chr. Myocarditis	
Myocardial Failure	July 15/37

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Schonwald, M. D.

(Address) 842 S. Eastern Ave.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 37397 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37397

CERTIFICATE OF DEATH

V 186-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospital St. 11-4 Ward)

Length of residence in city or town where death occurred 1 yr mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Lee
If U. S. Veteran specify WAR .....

(a) Residence: No. 1308 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Annie Lee

6. DATE OF BIRTH (month, day, year) 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Mrs Annie Lee
(Address) 1308 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL JUL 16 1937 19
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED JUL 16 1937 19 Registrar

3364

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Feb 1 1937
Other contributory causes of importance: Fractured left leg	May 1937

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 9 1937
Where did injury occur? Balto City Hospital (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Hospital Public Place
Manner of injury fell from window
Nature of injury due to missing footing

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George S. Allen M. D.
(Address) 50 Augusta St.

F 37398

F 37398 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37398

CERTIFICATE OF DEATH

22-175

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 133 W. York St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Sidnor. (c)

(a) Residence: No. 133 W. York St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report, S. D.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL JUL 16 1937 19

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

FILED JUL 16 1937 19 Registrar

3563

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute alcoholism.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M. Reinhardt, M. D.

Coroner

7/14/37 Address 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

F 37399 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37399

CERTIFICATE OF DEATH

V 23

Registered No. 10-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Smallwood If U. S. Veteran specify WAR

(a) Residence: No. 910 S Eutaw St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT (Address) Hospital Record of Balto City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL JUL 16 1937

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED JUL 16 1937 19 Registrar

V 8 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Tuberculosis of Lungs	May 1937

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Cullen M. D.

(Address) 502 Cathedral St.

OCCUPATION is very important. See instructions on back of certificate.

F 37400

F 33471
F 37400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 27-14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 4673 Falls Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7-6-37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Marshall Johnson

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Esther

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL JUL 16 1937 19

Commissioner of Health

19. UNDERTAKER For H. A. Moore

(Address)

20. FILED JUL 16 1937 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1937 to July 8, 1937

I last saw h. alive on July 8, 1937 Death is said to have occurred on the date stated above, at 8 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	
from birth injury	Birth.

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. C. Stiffler Jr. M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 37401

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37401

CERTIFICATE OF DEATH

V159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 E. [illegible] St. 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME BABY NORRIS

(a) Residence: No. 1558 ARGYLE AVE St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	BLACK	INFANT

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) JUNE 24-37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME JOSEPH GORMAN

14. BIRTHPLACE (city or town) (State or country) MARYLAND

MOTHER

15. MAIDEN NAME EDNA NORRIS

16. BIRTHPLACE (city or town) (State or country) MARYLAND

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
JOHNS HOPKINS MEDICAL SCHOOL JUL 16 1937 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED JUL 16 1937 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 25. 1937

22. I HEREBY CERTIFY, That I attended deceased from June 24. 1937 to June 25 1937

I last saw h[illegible] alive on June 25 1937 Death is said to have occurred on the date stated above, at 8:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) C. H. Onstrud M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37402

CERTIFICATE OF DEATH

Registered No. 37402

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 5-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Page

(a) Residence: No. 1115 Thompson St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4-3-97

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles Page

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Lucy Webbs

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date JUL 16 1937 19

19. UNDERTAKER
(Address)

20. FILED 19

Commissioner of Health
Per H. A. Moore

Huntington Wilkins Asst

JUL 16 1937

3858

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1937 to July 10, 1937

I last saw him alive on July 10, 1937. Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
pulmonary tuberculosis,	
ulcerated	
tuberculosis of peritoneum	
" of ileum	

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation Sputum

What test confirmed diagnosis? Sputum. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) R Carmichael M.D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

37403 HEALTH DEPARTMENT—CITY OF BALTIMORE 37403

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard Long

If U. S. Veteran specify WAR

(a) Residence: No. 1312 Beechwood Rd St., ... Ward. Sp. Ct.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Frank (?)

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Iva Long

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL JUL 16 1937 19...

Commissioner of Health

19. UNDERTAKER For H. A. Moore

(Address)

20. FILED ..... 19... ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1937 to July 14, 1937

I last saw h. alive on July 14, 1937 Death is said to have occurred on the date stated above, at 6.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset of Dis.
Prematurity	
Other contributory causes of importance:	

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. C. Stolbrand Jr., M. D.

(Address) Johns Hopkins Hospital

JUL 16 1937

3360

F 37404

37404 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 Caroline St. E ~~or W~~ Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ~~Unknown~~ How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary M. Hall

(a) Residence: No. 1723 N. Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Hall

6. DATE OF BIRTH (month, day, year) Feb. 18, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) 2 yrs.

11. Total time (years) spent in this occupation 51 yrs

12. BIRTHPLACE (city or town) (State or country) Prince George Co. Md.

FATHER

13. NAME Wm. Boswell

14. BIRTHPLACE (city or town) (State or country) Prince George Co Md.

MOTHER

15. MAIDEN NAME Mary E. Jones

16. BIRTHPLACE (city or town) (State or country) Prince George Co Md.

17. INFORMANT Mrs Ida Billinge

(Address) 1723 Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date July 19 1937

19. UNDERTAKER C. L. Watkins

(Address) Annapolis Md

FILED Remington Pallas Mgr.

JUL 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from May, 1935 to July 16, 1937

I last saw ~~him~~ her alive on July 15, 1937 Death is said to have occurred on the date stated above, at 10 ~~P~~ A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	Unknown

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Wm. B. Bylerly M. D.

(Address) 2802 Harford Ave

OCCUPATION is very important. See instructions on back of certificate.

F 37405

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37405

CERTIFICATE OF DEATH

X V / 157-D

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR

2. FULL NAME BABY WYATT

(a) Residence: No. 703 "I" St. S.P. Pl. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	BLACK	INFANT

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) July 10, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, 62 hrs. or 15 min.
	-	0	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. /

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. /

10. Date deceased last worked at this occupation (month and year) -

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME LEWIS WYATT

14. BIRTHPLACE (city or town) (State or country) VIRGINIA

MOTHER

15. MAIDEN NAME RUBY ANTHONY

16. BIRTHPLACE (city or town) (State or country) VIRGINIA

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date JUL 15 1937 19

19. UNDERTAKER

(Address)

Commissioner of Health

Per N. A. Moore

20. FILED JUL 15 1937 19 Registrar

(3859) 12

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-10, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1937 to July 10, 1937

I last saw him alive on July 10, 1937 Death is said to have occurred on the date stated above, at 9.00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital anomalies -- meningocele, acrania.	-
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) E. W. Overstreet M. D.

(Address) Johns Hopkins Hospital

37406 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 37406

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1542-Aisquith Street St., 9-9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yr life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Eugene Kramer
If U. S. Veteran specify WAR

(a) Residence: No. 154--Aisquith Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Kramer

6. DATE OF BIRTH (month, day, year) 3/22/1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER
13. NAME Dixson
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Charles Kramer
(Address) 1542-Aisquith Street

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date 3/19/37

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735-Harford Ave.

20. FILED ..... 19 ..... Registrar.

JUL 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 25 1937, to ..... 19....
I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer interstitial Hysterectomy	1935
Other contributory causes of importance: Pneumonia	May 1937

Was an operation performed? Yes Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? Cancer Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel B. Wolfe M. D.
(Address) 1331 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

37407 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 37407

CERTIFICATE OF DEATH

1. PLACE OF DEATH 619 N. Bduord Ave. Registered No. V 131

CITY OF BALTIMORE: (No. ..... St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 49 yrs. ... mos. ... ds.

2. FULL NAME Albert (Wojtech) Kacodra

(a) Residence: No. 619 N. Bduord Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	widower.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Barbara Kacodra

6. DATE OF BIRTH (month, day, year) 3/8/1863

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
74	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Horysic - Dolos Cecho-Slovakia.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Cecho-Slovakia

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Cecho-Slovakia

17. INFORMANT Mrs. Teresa Kayra
(Address) 619 N. Bduord Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedhill Date 7-17- 1937

19. UNDERTAKER Frank Evach & Son
(Address) 1906 Ashland Ave

20. FILED ... 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 1937

22. I HEREBY CERTIFY, That I attended deceased from July 6 1937 to July 15 1937

I last saw him alive on July 14 1937. Death is said to have occurred on the date stated above, at 5:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat exhaustion	7/13/37

Other contributory causes of importance:

chr. nephritis	?
chr. hypertonitis	

Name of operation ... Date of ...

What test confirmed diagnosis? Physical findings Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify ...

(Signed) L. C. Sobical, M. D.

(Address) 447 N. Kenwood Ave.

OCCUPATION is very important. See instructions on back of certificate.

E 37408

37408 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 47-C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 13-6 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Elsie F. Walker
(a) Residence: No. 822 W. 34 St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence E Walker

6. DATE OF BIRTH (month, day, year) June 3-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Hotelman~~ Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) April 37
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME George F Walker
14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER
15. MAIDEN NAME Catherine Angelo
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Florence Walker
(Address) 822 W 34 St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Date July 19-37

19. UNDERTAKER Carrie L Davis
(Address) 3418 Chestnut ave

20. FILED [illegible] Washington Pennsylvania

L. 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 3 1937 to July 16 1937
I last saw him alive on July 15 1937. Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiogenic Carcinoma	
Other contributory causes of importance:	
Hypertrophic Bronchitis	
Pleural adhesions	

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Richard H Followay M. D.
(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 37409

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37409

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Balto. Gen. Hosp. 1948

CITY OF BALTIMORE: (No. 2703 St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Eliza Ann McCrum Leach

If U. S. Veteran specify WAR .....

(a) Residence: No. 2205 Belvieu Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) United States

MOTHER

13. NAME Mrs Eliza Ann McCrum

FATHER

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anderson

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Andrew Leach

(Address) Orange N.J.

18. BURIAL, CREMATION, OR REMOVAL Date July 20 1948

Place Dust Mem. Park, Balto. Co.

19. UNDERTAKER Wm. H. Miller Inc

(Address) 2435 E. Oliver St

20. FILED ..... Washington Williams ..... Registrar.

JUL 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1948

22. I HEREBY CERTIFY, That I attended deceased from June 1948 to July 16 1948

I last saw her alive on July 16 1948. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 hr
	over
Other contributory causes of importance: Operation for Repair of Perineum	
	7/7/37

Was an operation performed? Yes Date of

For what disease or injury? Repair of Perineum

Name of operation Perineorraphy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Benesch M. D.

(Address) 4710 Liberty Hts

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37410 CERTIFICATE OF DEATH V 23 F 37410

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals (Ward) 2-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Patrick White (19855)

(a) Residence: No. 1702 Eastern Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 11, 1888

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	48	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Ernest (?)

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Eliza Falls

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT John Keenan
(Address) 729 South Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place St Matthews Date July 17 37

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED July 19 37 Huntington Williams, Registrar

L. 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1936 to July 7, 1937

I last saw him alive on July 7, 1937 Death is said to have occurred on the date stated above, at 8:35 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs — Date of onset Nov. 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Jos. M. Curtis M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37411 ✓165 F 37411

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1907 Longwood St. 15-6 Ward)

Length of residence in city or town where death occurred 62 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter R. Weyer Sr. If U. S. Veteran specify WAR No Record

(a) Residence: No. 1907 Longwood St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Caroline Weyer

6. DATE OF BIRTH (month, day, year) July 14th 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ins. Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mutual Life

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Weyer

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Elizabeth V.

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Walter R. Weyer Jr
(Address) 904 E. 37th St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 17th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JUL 17 1937 19 ... Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15th 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ... death on the day stated above, at 1.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hang self with rope	
Other contributory causes of importance: Disengaged + temporarily mentally deranged	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of Injury 7/15/1937

Where did injury occur? 1907 Longwood (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Hung self with rope in

Manner of injury Cellar of house

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. Hamilton Greene M. D.
Coroner

(Address) 1345 Hanover

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37412

HEALTH DEPARTMENT—CITY OF BALTIMORE

37412

CERTIFICATE OF DEATH

16-S-94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2502 West Lanvale St. St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Flora E. Folger

(a) Residence: No. 2502 West Lanvale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James E. Folger

6. DATE OF BIRTH (month, day, year) Sept. 12, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) July 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Ray

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME (Unknown) Kurtz

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT James E. Folger
(Address) 2502 West Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Morland Park Date July 19 1937

19. UNDERTAKER Wm Cook
(Address) 1219 St Paul St

L 17 1937

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. about 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Irving Grason, M. D. Coroner

(Address) 1345 Hanover St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement OCCUPATION is very important. See instructions on back of certificate.

V 86

HEALTH DEPARTMENT—CITY OF BALTIMORE

37413 CERTIFICATE OF DEATH V/31 F 37413

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hosp. St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles F. Kerchner

If U. S. Veteran specify WAR

(a) Residence: No. Hopkins Apt. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Frances Margaret Kerchner

6. DATE OF BIRTH (month, day, year) Oct 23, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77 ~~78~~	8	~~19~~ 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wholesale Coal Executive

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frederick A. Kerchner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna C. Berger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Chas. F. Kerchner, Jr.

(Address) 100 W. University Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date July 17 1937

19. UNDERTAKER Wm. J. Cook

(Address) 100 W. Preston St.

20. FILED JUL 17 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to July 15, 1937

I last saw h.. alive on July 15, 1937. Death is said to have occurred on the date stated above, at 6.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Vascular Disease	Unknown
Other contributory causes of importance: Uremia	3 days

over

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Richard H. Penbroke M. D.

(Address) Mercy Hospital

AGE—Always state whether it is given in years, months or days. OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-8

37414

HEALTH DEPARTMENT—CITY OF BALTIMORE

37414

CERTIFICATE OF DEATH

205-F

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME R. Eugene Zimmerman

(a) Residence: No. Columbia Pike, Ellicott City, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ruth Zimmerman

6. DATE OF BIRTH (month, day, year) August 14, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) July 1937

11. Total time (years) spent in this occupation 15 years

12. BIRTHPLACE (city or town) (State or country) Franklintown, Balto. Co. Maryland

FATHER

13. NAME Charles F. Zimmerman

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Scott Zimmerman

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Mr. James A. Zimmerman
(Address) Severna Park, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date July 17, 19 37

19. UNDERTAKER Joseph H. Cook
(Address) 1003 W. Baltimore St.

20. FILED [illegible] JUL 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16 , 19 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	
Fracture Of Tibia & Fibula	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, Accident Date June 26, 1936

Where did injury occur Daulton Farm H. Co.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Home

Manner of injury Fell from Hay Derrick

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify Loading Hay on Farm

(Signed) [signature] Coroner, M. D.

(Address) 2757 W. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

37415

CERTIFICATE OF DEATH

131 F 37415
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 Ward St., 21 Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Addison Niles

(a) Residence: No. 1405 Ward St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Estelle Niles

6. DATE OF BIRTH (month, day, year): Not known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	2	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sexton

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Church

10. Date deceased last worked at this occupation (month and year): Jan, 1931

11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mary Williams
(Address) 634 N Bruce St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cemetery Date July 17 1937

19. UNDERTAKER: Walls Bros
(Address) 1254 W Hamburg St 2188

19. [illegible] 19 Registrar.

JUL 17 1937

Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1937 to July 14, 1937

I last saw him alive on July 12, 1937. Death is said to have occurred on the date stated above at 5:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential Hypertension	?
Congestive Heart Failure	?
Arteriosclerotic Heart Disease	?
Arteriosclerotic Kidney	?
Uremia	July 1, 1937

Other contributory causes of importance: Chronic Arthritis 1935

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Shacket, M. D.

(Address) 2302 Edmondson Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

Odc. Paul Schenker, M. D.

F 37416 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37416

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2135 Homewood Ave. 9-8 Ward)

Length of residence in city or town where death occurred 64 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm S Mester

(a) Residence: No. 2135 Homewood Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Elizabeth Mester

6. DATE OF BIRTH (month, day, year) 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 3266

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Wm S Mester

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Cowgill

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. George C. Mantz

(Address) 2135 Homewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 17 1937

19. UNDERTAKER Mary M Wiedefeld

(Address) [illegible]

20. FILED JUL 17 1937 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/14/, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/14/37, 1937 to 7/14/, 1937

I last saw h— alive on 7/10/, 1937. Death is said to have occurred on the date stated above, at 4:20 a. m.

The principal cause of death and related causes of importance were as follows: Cardiac Decompensation — Date of onset 7/14/37

Other contributory causes of importance: Myocarditis — 7/14/37 about

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Thomas J Hart M. D.

(Address) 532 E 22nd St

HEALTH DEPARTMENT—CITY OF BALTIMORE

24416 (MB) F 37417

CERTIFICATE OF DEATH

F 37417

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Andrew Moynihan

(a) Residence: No. 6500 Riverview Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/20/1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Daniel Moynihan

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Johanna Roch

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Baltimore City Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date July 17 37

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

JUL 17 1937 [illegible]

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937 to July 16, 1937

I last saw him alive on July 16, 1937. Death is said to have occurred on the date stated above, at 3.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	May 1937
Bronchopneumonia	6-6-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. A. Derbantelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

24396--CM

F 37418

CERTIFICATE OF DEATH

95-F 37418

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. [illegible] Ward) 8 - 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Rebhan

(a) Residence: No. 1131 N. Milton Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-24-1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer July 17 1937

19. UNDERTAKER Sollers & Zeller Inc.
(Address) 4013 E. Monument

JUL 17 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1937 to July 15, 1937

I last saw her alive on July 15 1937. Death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Santelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

37419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Ward F 37419

1. PLACE OF DEATH Union Memorial Hospital — Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 100 W 39th St ..... St., 12-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ella B. Watson

(a) Residence: No. 100 W. 39th St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: widow of Winslow C. Watson

6. DATE OF BIRTH (month, day, year): Sept. 19 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Chimney Point, Vermont

FATHER

13. NAME: ASAHEL BARNES

14. BIRTHPLACE (city or town) (State or country): ESSEY N.Y.

MOTHER

15. MAIDEN NAME: ELLEN CRANE

16. BIRTHPLACE (city or town) (State or country): Chimney Point, Vt.

17. INFORMANT: Mark S. Watson
(Address): 1 Merryman Court, Baltimore

18. BURIAL, CREMATION, OR REMOVAL
Place: Post Rest Cem Date: July 17th 1937

19. UNDERTAKER: Henry Disinger & Co. Richard Dyer Colbert & Co.
(Address)

20. FILED JUL 17 1937 19 ..... Registrar

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-16 1937

22. I HEREBY CERTIFY, That I attended deceased from May 29 1937 to July 16 1937

I last saw h.er alive on 7-16 1937 Death is said to have occurred on the date stated above, at 3:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ovary & metastasis (Side Unknown).	?
Other contributory causes of importance: Terminal Broncho Pneumonia	7-16-37

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 —

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Robert O. Hiver M. D.

(Address) Union Memorial Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37420

CERTIFICATE OF DEATH

95-F 37420

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 W 25th St., 12-6 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME NANNIE A JENKINS

(a) Residence: No. 30 W 25th St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 20, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
78	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Anthony Hearne Jenkins

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Laura Reif

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Stanton Tirman

(Address) 30 W 25th

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date July 19, 1937

19. UNDERTAKER Henry W Jenkins Sons Co

(Address) McCulloh & Orchard Sts

FILED JUL 17 1937 Huntington Nitkin, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1937 to July 16, 1937

I last saw her alive on July 16, 1937 Death is said to have occurred on the date stated above, at 3.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	15 yrs.
Acute Cardiac dilitation	

Other contributory causes of Importance:

Chr Cardiac Hypertrophy	2 yrs.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas D Elmer, M. D.

(Address) 28 W 25th St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37421

HEALTH DEPARTMENT—CITY OF BALTIMORE

37421

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 N Kenwood ave St., 7-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Virginia Wolfe

If U. S. Veteran specify WAR .....

(a) Residence: No. 519 N Kenwood ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H Wolfe

6. DATE OF BIRTH (month, day, year) 2/23.1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Wenzel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Curran

(Address) 519 N Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Cem Date July 17 19 37

19. UNDERTAKER John Lewis & Sons

(Address) 1000 Orleans St

20. FILED ..... 19 .....

JUL 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7.14/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from July 1. 1937 to July 14 1937.

I last saw her alive on July 14 1937 Death is said to have occurred on the date stated above, at 8.15 p.m

The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis — Date of onset 7/10/37

Other contributory causes of importance:

Hypertension Cardio-Vascular Renal — 1934

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P E Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so specify .....

(Signed) Joseph S. Blum M. D.

(Address) 1206 S. Preston St

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37122 CERTIFICATE OF DEATH X 13 F 37122

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME JOHN F. MILLER

If U. S. Veteran specify WAR

(a) Residence: No. 20 SEMINOLE AV. CATONSVILLE MD. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Customer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) PENNSYLVANIA

FATHER

13. NAME JOHN MILLER

14. BIRTHPLACE (city or town) (State or country) PENNA.

MOTHER

15. MAIDEN NAME MARY BROWNAWELL

16. BIRTHPLACE (city or town) (State or country) PENNA.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 18 1937

19. UNDERTAKER Easton Home

(Address) Catonsville, Md.

20. FILED ...19... ...Registrar.

JUL 17 1937 Huntington Mathews, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY 16. 1937

22. I HEREBY CERTIFY, That I attended deceased from JUNE 29, 1937 to JULY 16, 1937

I last saw h/M alive on JULY 16, 1937 Death is said to have occurred on the date stated above, at 9:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BRONCHOPNEUMONIA	JULY 1937
HYPERTENSIVE HEART DISEASE	1936

Other contributory causes of importance:

ARTERIOSCLEROSIS	
CHRONIC INTERSTITIAL NEPHRITIS	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? CLIN. Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Roland E. Brieer M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37423

HEALTH DEPARTMENT—CITY OF BALTIMORE

37423

CERTIFICATE OF DEATH

X 211-M

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 4 W Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Edward Derflinger

(a) Residence: No. 1 Della Maryland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 18 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mail Service

10. Date deceased last worked at this occupation (month, day, year) 7/14/37

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (City or town) (State or country) Maryland

FATHER

13. NAME James Albert

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Cora Ritenaur

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Geo W Tucker (Sister)
(Address) Della Md

18. BURIAL, CREMATION OR REMOVAL
Place St. Johns Cem Date July 18, 1937

19. UNDERTAKER Easton Home
(Address) Ellicott City Md.

JUL 17 1937 19 Huntington Williamsport, Md. Registrar.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-15 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Spleen	7/14
Internal Injuries	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 7-14 1937

Where did injury occur? Granite Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On Highway

Manner of injury Motor Truck Fence Post Auto

Nature of injury Rd of Near Ellicott City

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hobart Gundy M. D.
Coroner

(Address) 907 N Charles St

F 37424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18 F 37424

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1136 Penn Ave St., 17-2 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Gilbert

If U.S. Veteran specify WAR ....

(a) Residence No. 1136 Penn Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline 1877

6. DATE OF BIRTH (month, day, year) 1-15-1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. F. Gilbert

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Lorena Koch

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Ella Jones

(Address) 1136 Penn Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 7/17/37 19

19. UNDERTAKER Charles Gorsuch

(Address) 514 N. Caldwell St

20. FILED Huntington Williams, Registrar

JUL 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/14/37

22. I HEREBY CERTIFY, That I attended deceased from June 17 19 37 to July 14 19 37

I last saw him alive on July 13 19 37 Death is said to have occurred on the date stated above, at 4:00 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 7/14/37

Nephritis (Chronic) 1 yr.

Other contributory causes of importance:

None

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

23. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Lee Ellis M. D.

(Address) 527 Park Ave

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37425

CERTIFICATE OF DEATH

122-6

F 37425

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Gen. Hospital (Ward) 8

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles F. Saunders

If U.S. Veteran specify WAR .....

(a) Residence: No. 4106 Frederick ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Saunders

6. DATE OF BIRTH (month, day, year) January 3 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Saunders

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Gertrude Saunders
(Address) 4106 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date July 19 1937

19. UNDERTAKER Frederick A. Cole
(Address) 1700 W. Lombard St

19. FILED ... 19 ... Registrar.

JUL 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-16-1937

22. I HEREBY CERTIFY, That I attended deceased from 7/13 1937 to 7/16 1937

I last saw him alive on 7/16 1937 Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Surgical shock.	7/15/37
Pulmonary edema	7/14/37
cardiac dilatation	

Other contributory causes of importance:

Was an operation performed? Yes Date of 7/15/37

For what disease or injury? Ventral Post operative hernia.

What test confirmed diagnosis? clin Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Milton Levin, M. D.

(Address) W B & H

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37426 — 93-C — F 37426

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1829 W. Fayette St., 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR Spanish Am

2. FULL NAME Harry A. Ingeman

(a) Residence: No. 1828 W. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Elizabeth Hogan

6. DATE OF BIRTH (month, day, year): Dec 2, 1862

7. AGE — Years: 74 — Months: 7 — Days: 14 5 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Cigar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cigar Factory

10. Date deceased last worked at this occupation (month and year): 19 17

11. Total time (years) spent in this occupation: 15 yrs

12. BIRTHPLACE (city or town) (State or country): Frederick Md.

FATHER

13. NAME: Harry G. Ingeman

14. BIRTHPLACE (city or town) (State or country): Frederick Md

MOTHER

15. MAIDEN NAME: Catherine Bonguet

16. BIRTHPLACE (city or town) (State or country): Frederick Md

17. INFORMANT: Elizabeth Ingeman (Address) 1828 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL: Place Cathedral Date July 19/37

19. UNDERTAKER: Thos. J. Kenny (Address) 1600 W. Lanvale St

Registrar

20. FILED JUL 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1937, to July 16, 1937

I last saw him alive on July 16, 1937. Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

Acute cardiac failure. — Date of onset

Other contributory causes of importance: Chronic Myocarditis & Hypertension Senile

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Cala's, M. D.

(Address) 4 N. Fulton

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37427

HEALTH DEPARTMENT—CITY OF BALTIMORE 37427

CERTIFICATE OF DEATH

Registered No. 1872

1. PLACE OF DEATH Baltimore, City Hospital 186-a c K

CITY OF BALTIMORE: (No. Bay View St. 76-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Schatz

(a) Residence: No. Chase Md. St., Ward. 26th

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of not known

6. DATE OF BIRTH (month, day, year) Feb. 12 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter & Gen'l repairing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Aeroplane factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chase

FATHER

13. NAME Henry Schatz

14. BIRTHPLACE (city or town) (State or country) Chase

MOTHER

15. MAIDEN NAME Sarah Mentley

16. BIRTHPLACE (city or town) (State or country) Chase

17. INFORMANT Dr. Wm. B. Mullin

(Address) City Hospital

18. BURIAL, CREMATION, OR REMOVAL Grove Cem. Aberdeen Date July 19, 1937

19. UNDERTAKER Ivy Farring & Sons

(Address) Aberdeen, Md.

20. FILED Huntington Williams, M.D.

JUL 17 1937

V 56

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull hemorrhage due to fracture,	July 15-1937

Other contributory causes of importance: Unknown

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury July 15 1937

Where did injury occur? Glen Martin Aeroplane (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fell from scaffold

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify As Carpenter

(Signed) Chas. W. Wood Coroner, M. D.

(Address) 1712 N. Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37428

CERTIFICATE OF DEATH

F 37428

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4638 (St.) Park Heights Ave (Ward) 27-16

Length of residence in city or town where death occurred 66 yrs. 0 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florence Agatha Walker

If U. S. Veteran specify WAR

(a) Residence: No. 4638 Park Heights Ave St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis M. Walker

6. DATE OF BIRTH (month, day, year) June 18, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME ? Hack

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Annie Revell Piquett

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. Edna Sweeten.
(Address) 2369 Ruskin Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date July 19, 37

19. UNDERTAKER Wm. Fitzpatrick Sons
(Address) North & Pa Aves.

FILED JUL 17 1937 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1937 to July 16, 1937 Last saw h. alive on July 14, 1937 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular Disease	?
Other contributory causes of importance: Acute Pulmonary Edema	½ hour

Was an operation performed? No Date of —

For what disease or injury? ...

Name of operation None

What test confirmed diagnosis? — Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. A. Thompson M. D.

(Address) 2340 Eutaw Place

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Eighty Nothing, 19 ...

Spec—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37429

CERTIFICATE OF DEATH.

157-C

F 37429

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2103 Annapolis St. 25-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carl Bruce Wendling

(a) RESIDENCE NO. 2103 Annapolis Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 26 1937

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
		1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Stephen C Wendling

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Tucker

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore County

14 Informant Mrs Stephen Wendling

(Address) 2103 Annapolis Ave

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

July 16, 1937

17 I HEREBY CERTIFY, That I attended deceased from May 26, 1937, to July 16, 1937, that I last saw h[illegible] alive on July 16, 1937, and that death occurred, on the date stated above, at 7:30P m.

The CAUSE OF DEATH* was as follows:

Congenital Heart Disease

(duration) yrs. 1 mos. 21 ds.

CONTRIBUTORY (Secondary) Disseminated Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) C P Rostberg, M. D.

, 19 (Address) 2623 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem — Date of Burial July 17 1937

20 UNDERTAKER J Vernon Kelbner — ADDRESS 2301 Edmondson

JUL 17 1937

OF DEATH in plain terms, so that it may be properly classified. Part Statistical of OCCUPATIONS very important. See instructions on back of certificates.

330630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37430 — 47-B — F 37430

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James H. Doyle

(a) Residence. No. 2930 Wheat St., Ward. Columbia S. Car

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) 5-6-1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1931

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass

FATHER

13. NAME Daniel Doyle

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Abby Coffee

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Columbia S.C. Date July 19 1937

19. UNDERTAKER John Grinnell Sons

(Address) 1900 Eutaw Place

20. FILED Huntington [illegible]

JUL 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16. 1937

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1937 to July 16, 1937

I last saw him alive on July 16, 1937. Death is said to have occurred on the date stated above, at 6^00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the lung	6/1/36
First stage operation for Pneumonectomy. Empyema.	7/10/37

Other contributory causes of importance:

Was an operation performed? yes 7/10/37 Date of 7/10/37

For what disease or injury? Carcinoma of lung

Name of operation 1st stage Pneumonectomy

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Paul A. Hunkel, M. D.

(Address) The Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37431

CERTIFICATE OF DEATH

F 37431

REGISTERED NO.

1—PLACE OF DEATH Franklin Sq. Hosp 19-L ST., WARD)

CITY OF BALTIMORE: (No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Boy Hipley

(a) RESIDENCE NO. Hyde, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS:

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 15-1937

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Adolph Hipley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mattie Pearce

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Adolph Hipley

(Address) Hyde Md.

15 Filed JUL 17 1937, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-16-37

17 I HEREBY CERTIFY, That I attended deceased from 7-14-37, 19..., to 7-16-37, 19...,

that I last saw h... alive on 7-16-37, 19...

and that death occurred, on the date stated above, at 12 10 p. m.

The CAUSE OF DEATH* was as follows:

Aspiration Pneumonia - 1 day

Premature

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Nathan Wolf, M. D.

7-17-37 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fork M. E. Cemetery — DATE OF BURIAL July 17 1937

20 UNDERTAKER Clarence L. Arthur — ADDRESS Fork Md

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37432

CERTIFICATE OF DEATH

6-5-107-a F 37432

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Orleans St. 6-5 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Boone

(a) Residence: No. 1615 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
F.	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 18 74

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Magothy a. C. Md

FATHER

13. NAME Charles Boone

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Maria Walker

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Emma A Beans
(Address) 1318 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL
Place Magothy a. a. Co. Date 7-17-1937

19. UNDERTAKER Bynon & Jennie M. Wright
(Address) 1218 N. Caroline & Elderry St

20. FILED 19 Registrar.

JUL 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-14 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-1 1937 to 7-14 1937

I last saw her alive on 7-14 1937 Death is said to have occurred on the date stated above, at 3:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	7/1/37
Other contributory causes of importance: None	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Sign & Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Dan R. Blake M. D.
(Address) 924 Fitzsimmons St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

#24820

CERTIFICATE OF DEATH

37433 348-9-5B 37433

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Simon Boley

(a) Residence: No. 814 N. Carey St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married (sep.)

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bertha

6. DATE OF BIRTH (month, day, year) October 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58	57	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown 2087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 7-19 37

19. UNDERTAKER George G. Nelson
(Address) 1302 Pressman st

20. FILED JUL 17 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1937, to July 15, 1937

I last saw h alive on July 15, 1937. Death is said to have occurred on the date stated above, at 2.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-7
Other contributory causes of importance:	
Hypertensive cardiovascular disease	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. C. De Lautte M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UL 17 1937 Huntington Williams, MD

37434

HEALTH DEPARTMENT—CITY OF BALTIMORE

37434

CERTIFICATE OF DEATH

77-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hodpital St., 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clifton W.Styles Jr

(a) Residence: No. 1013 Myrtle Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 20 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Clifton W.Styles Sr.

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Hortence Davis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hortence Styles
(Address) 1013 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 7/19 37 19

19. UNDERTAKER Thomas E. Kelly
(Address) 1503 Pleasant St.

20. FILED JUL 17 1937 Washington Place Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
(Cause Undetermined)	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E.R. Schram M. D.
Coroner

(Address) 2707 Garrison Blvd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37435

CERTIFICATE OF DEATH

82a F 37435

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3803 W. Garrison Ave. St., 27-18 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida M. Wright

If U.S. Veteran specify WAR

(a) Residence: No. 3803 W. Garrison Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Wright

6. DATE OF BIRTH (month, day, year) February 21, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Owen Reed

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary E. Varinia

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. William J. Wright
(Address) 3803 W. Garrison Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. July 19, 1937

19. UNDERTAKER Joseph H. Cook
(Address) 1003 N. Baltimore St.

20. Filed JUL 17 1937 Registrar. Lexington Wilkinson, Asst.

JUL 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937 to July 16, 1937. I last saw her alive on July 16, 1937. Death is said to have occurred on the date stated above, at 2.15P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmhage	June 1937
Other contributory causes of importance: Acidosis	July 14 1937

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Isaac Muller, M. D.

(Address) 1228 S. Charles St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37436

CERTIFICATE OF DEATH

94aF 37436

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Aves St. 27-11 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ~~Robert Fischer~~ Robert H. Fischer

If U. S. Veteran specify WAR .....

(a) Residence: No. 5218 York Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Catherine G. Fischer

6. DATE OF BIRTH (month, day, year) September 4, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Strip Roller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Re Copper Co

10. Date deceased last worked at this occupation (month and year) July 1937

11. Total time (years) spent in this occupation 12 years

12. BIRTHPLACE (city or town) (State or country) Connecticut

FATHER

13. NAME Gustav H. Fischer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Single

16. BIRTHPLACE (city or town) (State or country) Connecticut

17. INFORMANT Mrs. Catherine G. Fischer
(Address) 5218 York Road

18. BURIAL, CREMATION, OR REMOVAL
Place Waterbury, Conn. Date July 18" 1937

19. UNDERTAKER Joseph H. Cook
(Address) 1603 N. Baltimore St.

20. FILED JUL 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 9th, 1937 to July 16, 1937

I last saw him alive on July 16, 1937 Death is said to have occurred on the date stated above, at 2:28 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Unknown
Cardio-Vascular Degenerative Disease	1934
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Louis L. Llewellyn M. D.

(Address) 3711 Falls Rd.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37437

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37437

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Fuller

If U. S. Veteran specify WAR —

(a) Residence: No. 502 N. Cross St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 16, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or 20 min.
			2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Infant)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Harold J. Fuller

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Francis Fuller

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Francis Fuller

(Address) 502 N. Cross St

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL JUL 17 1937

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED JUL 16 1937 Huntington Williams, M.D.

3360

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	7/16/37
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Louis J. Kroll, M. D.

(Address) South Balto. Gen. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37438

37438 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 18-2482-a

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 203 N. Carey St., Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Cornish

(a) Residence: No. 203 N. Carey St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Cornish

6. DATE OF BIRTH (month, day, year) — — 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Moses Gaines

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary A. Soden

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Nettie Cornish

(Address) 203 N. Carey Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Alhum Cemy Date 7/18 1937

19. UNDERTAKER Walter B. Sprigg

(Address) 1394 Hanley St.

20. FILED

JUL 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15th 37

22. I HEREBY CERTIFY, That I attended deceased from June 19th 37 to July 15th 37

I last saw h[illegible] alive on July 14 1937. Death is said to have occurred on the date stated above, at 6.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/10/37
Arterio Sclerosis	

Was an operation performed? no Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, [illegible]

(Signed) [illegible] M. D.

(Address) 574 N Carey

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v 9 3

F 37439

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37439

#12699

CERTIFICATE OF DEATH

6-3 34 8.95-B SF

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Theodore Wasilewski

(a) Residence: No. 2113 Moyer St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date July 19 37

19. UNDERTAKER Fred W. Krafewski

(Address) 1900 Eastern ave.

JUL 18 1937 Livingston Pallbearers

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1932 to July 17, 1937. I last saw h[illegible] alive on July 17, 1937. Death is said to have occurred on the date stated above, at 4.00 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic [illegible] Last disease — Date of onset May 1931

Other contributory causes of importance:

Cerebal hemorrhage — 5 yrs ago

Was an operation performed? Date of .....

For what disease or injury? .....

Name of operation Clinical Was there an autopsy? No

What test confirmed diagnosis? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. A. DeLouttes M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 37440

37440 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

94-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4207 Springdale Avenue St., 28 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dennis J. Sweeney

If U.S. Veteran specify WAR

(a) Residence: No. 4207 Springdale Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Brennan

6. DATE OF BIRTH (month, day, year) July 19, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Sweeney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Carr

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mary B. Sweeney

(Address) 4207 Springdale Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 7/19, 1937

19. UNDERTAKER Henry U. Mears & Son

(Address) 505 N. Calvert St.

20. FILED JUL 16 1937 Livingston Williams M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937 to July 16, 1937

I last saw him alive on July 16, 1937. Death is said to have occurred on the date stated above, at 9.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	May 1, 1937
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Eugene L. Cassagno M. D.

(Address) 514 Drury Lane

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37441

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37441

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. St., 9-27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joe Louis Leroy Jones

If U. S. Veteran specify WAR .....

(a) Residence No. Emporium Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Emporium (State or country) Howard Co.

FATHER

13. NAME Frank Jones

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Kate Henson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Father

(Address) Emporium Md

18. BURIAL, CREMATION, OR REMOVAL

Place Alhalton Md Date 7-18 1937

19. UNDERTAKER F. D. Livingston & Son

(Address) Ellicott City Md

20. FILED JUL 18 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-17-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-17-1937 to 7-17-1937

I last saw him alive on 7-17-1937 Death is said to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Measles	
Interstitial bronchio-pneumonia	
Measles encephalitis	July 6

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Phil Waghelstein M. D.

(Address) Sydenham Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37442

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37442

CERTIFICATE OF DEATH

7-5 92-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 N. Chester St., Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anastasia Pagano

If U. S. Veteran specify WAR

(a) Residence: No. 508 N. Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vincent Pagano

6. DATE OF BIRTH (month, day, year) Mar 16 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Rayfield Pagano

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rose

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT John J. Pagano

(Address) 820 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 7/19/37

19. UNDERTAKER Philip Henrig Sons

(Address) 2016 E. Monument St

20. FILED JUL 18 1937 Eugene Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from January, 1937, to July 16, 1937

I last saw h~~e~~ alive on July 16, 1937. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	7/13/37
Other contributory causes of importance: Chronic Endo-myocarditis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank J. Ayd M. D.

(Address) 2005 E. Monument St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

F 37443 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37443

CERTIFICATE OF DEATH

107-a

Registered No. 26-10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 S. East Ave St., 26-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frederick Wanger

(a) Residence: No. 117 S. East ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 13-1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	7	4 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Wanger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Jacobena —

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Elizabeth Bergunt

(Address) 117 S. East Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Date 7/19/37

19. UNDERTAKER Philip Herwig Sons

(Address) 2616 Eutaw St

20. FILED 19 Registrar

AUG 18 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1937 to July 16, 1937

I last saw him alive on July 16, 1937 Death is said to have occurred on the date stated above, at 6 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	7/9/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. H. Kerpelmeier M. D.

(Address) 2934 Eastern Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37444

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37444

CERTIFICATE OF DEATH

27-3093-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3013 Christopher ave St., Lifetime Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary B. V. Dougherty

If U. S. Veteran specify WAR .....

(a) Residence: No. 3013 Christopher Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. If Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Robert H. Dougherty

6. DATE OF BIRTH (month, day, year): Sept 17 1862

7. AGE — Years: 74 | Months: 10 | Days: — | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Thomas Lewis

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Caroline Harper

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Miss Roberta Dougherty 3013 Christopher Ave

18. BURIAL, CREMATION, OR REMOVAL — Place: Parkwood Cem. Date: July 19 37

19. UNDERTAKER (Address): Chas. F. Fraser & Son 1158 W. North Ave

20. FILED ... 19.... [illegible]

AUG 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 14 1936 to July 17 1937

I last saw h[illegible] alive on July 17 1937. Death is said to have occurred on the date stated above, at 2.35 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic hypertrophic cirrhosis of liver - Ascites - with hydrothorax — Date of onset: 1926

Other contributory causes of importance:

Cerebral thrombosis — Date of onset: 7/14/37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 7417 Harford Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37445

HEALTH DEPARTMENT—CITY OF BALTIMORE

37445

CERTIFICATE OF DEATH

Registered No. 27-11 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4666 York Road St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Rennie

(a) Residence: No. 4666 York Road St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Rennie

6. DATE OF BIRTH (month, day, year) Oct. 15-1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. O.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Thomas.

14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER

15. MAIDEN NAME Dont. Know

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Charles J. Rennie
(Address) 4666 York Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Lou. Cem. Date July 19 37

19. UNDERTAKER John A. McAdam
(Address) 300 E. Baltimore St.

20. FILED JUL 18 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/15, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/14/ 1937 to 7/15/ 1937

I last saw him alive on 7/15/37, 19 Death is said to have occurred on the date stated above, at 5.35 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage. — Date of onset

Other contributory causes of importance:

arterio sclerosis.

Hypertension Disease.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Typical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. Brooke Boyle M. D.

(Address) 5202 - Harford Rd.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37446

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37446

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH - St Agnes Hospital 25-1
CITY OF BALTIMORE: (No. ..... St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles F. Formhals

(a) Residence: No. 1½ N. Rolling Rd. Catonsville Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day and year) May 12 - 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 15

11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Christian F. Formhals

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Kass

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Christian F. Formhals
(Address) 1½ Rolling Rd Catonsville

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date July 19 1937

19. UNDERTAKER Mr. & Mrs. John W. Teufel & Son
(Address) 501 W. Fayette St

20. FILED JUL 19 1937 — Wilkinson MD
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death at the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	7/15

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 15 1937
Where did injury occur? James & Catonsville Rd
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street
Manner of injury Auto ran into a pole
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) Fred Bailey Auly M. D.
Coroner
(Address) 257 N Charles St

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. ABBREVIATIONS should not be used. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

JUL 19 1937

V S 6

✓ F 37447

37447

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-5 93-c Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2238 Bank St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline Michelmann

If U.S. Veteran specify WAR

(a) Residence: No. 2238 Bank St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles N. Michelmann

6. DATE OF BIRTH (month, day, year) Feb 2. 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	5	14½	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Harry Michelmann
(Address) 6403 Pinehurst Road.

18. BURIAL, CREMATION, OR REMOVAL Balto Co.
Place Mt. Carmel. Date July 19. 1937

19. UNDERTAKER Mr & Mrs. John W. Tyrpel & Son
(Address) 801 W. Fayette St.

20. FILED JUL 19 1937 Huntington Matthews, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 24. 1936 to July 17. 1937

I last saw h[illegible] alive on July 16. 1937. Death is said to have occurred on the date stated above, at 12.25 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia (terminal)	day 12
Other contributory causes of importance:	
Myocardial degeneration	some
Arteriosclerosis	years

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical & Aut. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. P. Ries, M. D.

(Address) 24 S. Bond

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38169 HEALTH DEPARTMENT—CITY OF BALTIMORE B 7148

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary A. Reynolds — If U. S. Veteran specify WAR .....

(a) Residence: No. 1611 N. McKinley St., Rd Ward Arlington Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Williajn

6. DATE OF BIRTH (month, day, year) 5/15/05

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32	2	4?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Penn-

FATHER

13. NAME Wm R- Allen

14. BIRTHPLACE (city or town) (State or country) Pa -

MOTHER

15. MAIDEN NAME Alice England

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date July 19, 1937

19. UNDERTAKER Wm. J. Mitchell & Sons
(Address) 1910 Eutaw Place

20. FILED ..... 19..... Registrar.

JUL 18 1937 Dr. Eustis Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1937 to July 17, 1937
I last saw her alive on July 17, 1937 Death is said to have occurred on the date stated above, at 9:33 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis (Far advanced)	1928?
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Reuben C. Blount M. D.
(Address) Johns Hopkins Hosp.

Information should be carefully supplied. All items must be properly answered. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

37449

HEALTH DEPARTMENT—CITY OF BALTIMORE

37449

CERTIFICATE OF DEATH

27-14/08 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 E. Oakdale Road St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert R. Hill

If U. S. Veteran specify WAR

(a) Residence: No. 218 E. Oakdale Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Sue Banks

6. DATE OF BIRTH (month, day, year) Aug. 5, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst. Secty.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mercantile Bank

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Samuel Hill

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary McKenzie

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Hill

(Address) 218 Oakdale Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 7-19-37

19. UNDERTAKER Wm. Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED JUL 19 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept - 2, 1936 to July 17, 1937

I last saw h[illegible] alive on July 16, 1937 Death is said to have occurred on the date stated above, at 3-30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7/15/37
Supra Pubic Prostatectomy	2/16/36
Left Hemiplegia Cerebral Stroke.	9/2/36
Other contributory causes of importance:	
Arterio Sclerotic hypertension	3/3/35

Was an operation performed? Yes Date of 2/16/36

For what disease or injury? Prostatic Hypertrophy

Name of operation Supra Pubic Prostatectomy

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Gibson Porter, M. D.

(Address) 4822 Roland ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37450

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37450

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2127 Callow Ave St., 13-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas C. Black

If U.S. Veteran specify WAR .....

(a) Residence: No. 2127 Callow Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna J. Black

6. DATE OF BIRTH (month, day, year) July 20 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dispatcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bulk Transit company

10. Date deceased last worked at this occupation (month and year) Sept 1 1936

11. Total time (years) spent in this occupation 29 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Black

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Margaret Campbell

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Anna J. Black Wife

(Address) 2127 Callow Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date July 19 37

19. UNDERTAKER Albert W Berkey

(Address) 4906 Reisterstown Rd

20. FILED Huntington Williams, MD

JUL 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1936 to July 15, 1937

I last saw him alive on July 10, 1937 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1914
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Sputum Were any autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hubert Katzmayr, M. D.

(Address) 1216 E. Fayette St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37451

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37451

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. Ward 7-2)

Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Norma Patricia Brewer

If U. S. Veteran specify WAR .....

(a) Residence: No. 4637 Stanley Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 25 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Edward Brewer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Norma Virginia Shaefer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mother
(Address) 4637 Stanley Rd

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Cemetery Date 7/20/37

19. UNDERTAKER Wm. C. Fox & Co.
(Address) 1217 E. Fayette St.

20. FILED ..... 19..... Wm. C. Fox Williams Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-17-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-11-, 1937 to 7-17-, 1937

I last saw h[illegible] alive on 7-17-, 1937 Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Infantile Bronchopneumonia	6-21

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Waghelstein M. D.

(Address) Sydenham Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 13 1937

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37452

37452

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Little Sisters of Poor 10-1 St., Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Mc Intyre

If U. S. Veteran specify WAR

(a) Residence: No. 1200 - Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 28 August 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Patrick Mc Intyre

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Mc Intyre

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sister Stanislaus, Supr.
(Address) Little Sisters of the Poor - city

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date July 20 1937

19. UNDERTAKER William Cook
(Address) 1217 St Paul St

20. FILED 19 Lington Williams Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1931 to July 17 1937

I last saw h- alive on July 16 1937 Death is said to have occurred on the date stated above, at 5:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?
Other contributory causes of importance:	
Arteriosclerosis	3
Hypertension	3

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 21 1937

F 37453

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37453

CERTIFICATE OF DEATH

15-223

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1445 N. Fulton Ave St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Howard Korklerschmidt

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1445 N. Fulton Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 11th 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, ~~sawyer, bookkeeper, etc.~~ Spinner

9. Industry or business in which work was done, as ~~silk mill, saw mill, bank, etc.~~ Cotton Mill

10. Date deceased last worked at this occupation (month and year) Nov 1936

11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Korklerschmidt

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Stronge

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Marie Cullam

(Address) 1445 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Westview Date July 19th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED [illegible] Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15th, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1937 to July 15, 1937

I last saw h[illegible] alive on July 15, 1937 Death is said to have occurred on the date stated above, at 4:40 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset Jan 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Singleton, M. D.

(Address) 1326 W. Lombard St

Information should be carefully supplied. Any omission may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

JUL 18 1937

F 37454

37454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 S Caton Ave 20-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth 24 yrs. mos. ds.

2. FULL NAME Minnie P Bochese If U. S. Veteran specify WAR

(a) Residence: No. 210 S Caton Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Bochese

6. DATE OF BIRTH (month, day, year) Apr 1 1885

7. AGE: Years 52 | Months 3 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME August Sudrio

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT (Address) Mrs. Louis Bochese 210 S Caton Ave

18. BURIAL, CREMATION, OR REMOVAL Place Catholic Cem Date 7/19 1937

19. UNDERTAKER (Address) George A Fowler Frankton & Fayette

Huntington Philadelphia, Pa.

JUL 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 1937

22. I HEREBY CERTIFY, That I attended deceased from April 30 1937 to July 14 1937

I last saw h alive on July 14 1937. Death is said to have occurred on the date stated above, at 6.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	Nov 1935
Fungal Carcinomatosis	
Bronchopneumonia Terminal	7/14/37

Other contributory causes of importance:

Was an operation performed? Yes Date of Dec 4 1935

For what disease or injury? Carcinoma of Cervix

Name of operation Curatage Date of 12/4/35

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliot W Johnson M. D.

(Address) 3432 Frederick Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 37455

F 37455 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Hosp St., 6-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles E. Houck

(a) Residence: No. 1003 Overbrook Rd. St., ... Ward. Balto Co Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Etta C. Bussing

6. DATE OF BIRTH (month, day, year) July 7 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md

FATHER

13. NAME John E Houck

14. BIRTHPLACE (city or town) (State or country) Frederick Md.

MOTHER

15. MAIDEN NAME Margaret Early

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Theodore D Houck

(Address) 1003 Overbrook

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date July 19 1937

19. UNDERTAKER Harry H Wilke

(Address) 4101 Edmondson Ave

28. FILED Huntington Williams Md

JUL 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-16 1937

22. I HEREBY CERTIFY, That I attended deceased from July 10th 1937 to July 16 1937

I last saw him alive on July 16 1937. Death is said to have occurred on the date stated above, at 5 05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral accident	7-6-37
Cerebral arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wesley J. Ketz M. D.

(Address) Church Home Hosp

37456

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37456

CERTIFICATE OF DEATH

1-3 V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Szmagalski

If U. S. Veteran specify WAR .....

(a) Residence: No. 507 S. Bradford St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Szmagalski

6. DATE OF BIRTH (month, day, year) 13 Nov 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sugar Refinery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph Szmagalski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Josephine Szmagalski
(Address) 507 S. Bradford ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Hamistans Date July 20 - 1937

19. UNDERTAKER John M Welsh
(Address) 401 N Charles St

20. FILED ..... 19..... Registrar

UL 13 1937 Lexington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1937 to July 16, 1937

I last saw h. alive on July 16, 1937 Death is said to have occurred on the date stated above, at 5.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	July 1937

Other contributory causes of importance:

Hypertension

Chronic Nephritis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Irwin Samber, M. D.

(Address) Sinai Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37457

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37457

CERTIFICATE OF DEATH

79-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in ~~city~~ town where death occurred — mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert J. Clayton, ~~Jr.~~ If U. S. Veteran specify WAR .....

(a) Residence: No. 728 Frederick Rd., ~~St.~~, Catonsville Md Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3/21/37

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	3+	26+4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Catonsville, Md

FATHER

13. NAME Robert Clayton

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rosalie Fuchs

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Robert Clayton (Address) Same

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem Date 7-19-37

19. UNDERTAKER Geo F Beyer Jr (Address) 15 N Pollitt St

20. FILED ..... 19.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/17, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/8, 1937 to 7/17, 1937

I last saw h. alive on 7/17, 1937 Death is said to have occurred on the date stated above, at 6:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic meningitis / staphylococcus albus	5/15/37
Other contributory causes of importance: Terminal Bronchopneumonia	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Spinal punctures - cultures Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Walter Henry Gerwig, Jr. M. D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 2

JUL 19 1937

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

4-7 121 ✓ F 37458

CERTIFICATE OF DEATH

F 37458 REGISTERED NO.

1—PLACE OF DEATH Franklin Square Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette & Calhoun Sts. WARD) No War Record

2—FULL NAME Henry Oestreich

(a) RESIDENCE NO. 1750 Carswell ST. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 7th 1869

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Journeyman Painter

(b) General nature of industry, business, or establishment in which employed (or employer) at Large

(c) Name of employer Balto Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Andrew Oestreich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret (McKeown)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Louis Oestreich (Address) 1670 Carswell st

15 Filed JUL 19 1937, Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/17/37

17 I HEREBY CERTIFY, That I attended deceased from 7/9/, 1937, to 7/17/, 1937, that I last saw him alive on 7/17/, 1937, and that death occurred, on the date stated above, at 8 p.m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Ruptured Gangrenous appendix with peritonitis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 7/10/37

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) H. T. Battaglia, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL July 20th 1937

20 UNDERTAKER William Cook ADDRESS 1217 St. Paul St

Instructions should be carefully followed. AGE should be stated EXACTLY. THESE PARTS should be filled in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37159

CERTIFICATE OF DEATH

13-8175-a

Registered No. 37159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 1214 Eutaw Place (If Hospital, Institution or Transient or Boarding House, so state)

CITY OF BALTIMORE: (No. Bal. Inf. Eye Ear and Throat St. Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR World War

2. FULL NAME Evangelos Kalaces

(a) Residence: No. 3846 Falls Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theodora Kalaces

6. DATE OF BIRTH (month, day, year) Aug 29 1889

7. AGE: Years 47 | Months 10 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Restaurant Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT James Kalais

(Address) 3021 Easterman

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date July 19 1937

19. UNDERTAKER Wm Cook

(Address) 1217 Eutaw Pl & Huntington Ave, Balto Md

20. FILED JUL 19 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described herein and from the evidence above, held an (Inquest, Autopsy or Inquiry) and that said deceased came obtained by said (Inquest, Autopsy or Inquiry) to death on the day stated above at about 9 30 pm,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolus	
1 — Post-Operative	

Other contributory causes of importance:

Was an operation performed? yes Date of 7/14/37

For what disease or injury?

Name of operation Tracheotomy Date of 7/16/37

What test confirmed diagnosis Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. Wm. Larsen Coroner, M. D.

(Address) 1215 Hanover

V 66

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37460

HEALTH DEPARTMENT—CITY OF BALTIMORE

37460

CERTIFICATE OF DEATH

7-10 117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4425 Craddock Ave St., 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Eugene Smith. If U. S. Veteran specify WAR .....

(a) Residence: No. 4425 Craddock Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Col.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian

6. DATE OF BIRTH (month, day, year) Oct. 18, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46 yrs	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Lillian Smith

(Address) 4425 Craddock Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Interred Mem. Pk. Date 7/19 '37

19. UNDERTAKER Joseph G. Locke Jr

(Address) 302 Jefferson St

RECEIVED JUL 19 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/18 1937

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1937 to July 15 1937

I last saw h[illegible] alive on July 15 1937 Death is said to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Coetic Ulcer. — Date of onset June 7 1937

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation — Date of No

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Chas. A. Johnson M. D.

(Address) 2329 Davenport Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37461 | CERTIFICATE OF DEATH | F 37461

9-8 13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2237 Aisquith St., 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. 1 mos. 13 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Gordon Jr

If U. S. Veteran specify WAR .....

(a) Residence: No. 2237 Aisquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~last WIFE~~) of Hazel G. Gordon

6. DATE OF BIRTH (month, day, year) June 3 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Harry Gordon Jr

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Pearl E Waldman

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Hazel G Gordon

(Address) 2237 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date July 18 1937

19. UNDERTAKER John F Denny

(Address) 715 Light St

20. FILED ..... 19..... Williams

JUL 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1 1937 to July 16 1937

I last saw him alive on July 16 1937. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1 yr
Hypertension	
Other contributory causes of importance:	
Arteriosclerosis	10 yr

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) E. J. Cann M. D.

(Address) Cross n. Md

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37462

CERTIFICATE OF DEATH

17-32 F 37462

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (Ward)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bernadine Henry (10889)

(a) Residence: No. 809 Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Separated

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ??

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Hall

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Sarah Johnson

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Int Antrim Date 7-19 1937

19. UNDERTAKER Jas. Wm. Skinner
(Address) 1122 Pennsylvania Ave

FILED JUL 19 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 2, 1935 to July 15, 1937

I last saw her alive on July 15, 1937 Death is said to have occurred on the date stated above, at 10:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	May 1934
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Leo M. Curtis M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37463

F 37463

Registered No. 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 Orford St., 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Yates

If U.S. Veteran specify WAR

(a) Residence: No. 503 Orford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of

6. DATE OF BIRTH (month, day, year) — — 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick
(State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Jennie - Jones

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Edith - Dyson
(Address) 503 Orford St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date July 20 1937

19. UNDERTAKER Adolphus Hall
(Address) 9 S Eutaw St Baltimore Md

20. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1937 to July 16, 1937

I last saw h[illegible] alive on July 16, 1937. Death is said to have occurred on the date stated above, at 4'10 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
1 Bronchopneumonia	3 days

Other contributory causes of importance:

Heart disease

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Cyr Ellman M. D.

(Address) 924 Madison Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 19 1937

F 37464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a F 37464

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 N. Carey St., 16-2 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Aurey Jubilee

If U. S. Veteran specify WAR

(a) Residence: No. 708 N. Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

6. DATE OF BIRTH (month, day, year) 7-23-1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Do

10. Date deceased last worked at this occupation (month and year) 7/15/1937

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Accomac, Co Va.

FATHER

13. NAME Benjamin Smith

14. BIRTHPLACE (city or town) (State or country) Accomac, Co., Va.

MOTHER

15. MAIDEN NAME Ady Smith

16. BIRTHPLACE (city or town) (State or country) Accomac, Co., Va

17. INFORMANT Samuel Jubilee Jr. Son
(Address) 708 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cemetery Date July 19, 1937

19. UNDERTAKER Chas. D. Cooper
(Address) 814 N. Calhoun St.

JUL 19 1937

Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/16, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 14 1937 to July 16, 1937

I last saw h... alive on July 16, 1937 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Accid — 1	7/-/37
Other contributory causes of Importance:	over

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) B. J. Hatch, M. D.

(Address) 1725 Park Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-aF 37465

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1904 Lauretta Ave St. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Williams

If U. S. Veteran specify WAR

(a) Residence: No. 1904 Lauretta Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6. DATE OF BIRTH (month, day, year): 8-3-1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10 11	24 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infants

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Calvin Williams

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Mary Lindsay

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Mary Williams (mother)

(Address) 1904 Lauretta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date July 19 1937

19. UNDERTAKER: Chas. H. Carter

(Address) 540 N. Calhoun St.

20. FILED JUL 19 1937 [illegible] Registrar, H. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 19 1937

22. I HEREBY CERTIFY, That I attended deceased from July 14 1937 to July 19 1937

That I last saw her alive on July 17 1937. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ac. Gastro-Enteritis	7-14-37
a. Bronchio Pneumonia	7-11-37

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Stanley T. Woods M. D.

(Address) 86 Hunter St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37466

CERTIFICATE OF DEATH

F 37466

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 N. Mount St. 19-2 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jesse Moore

If U.S. Veteran specify WAR

(a) Residence: No. 218 N Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jane Moore

6. DATE OF BIRTH (month, day, year) 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Greenwood (State or country) N. C.

FATHER

13. NAME Jim Keenan

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Ann Keenan

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary J. Moore

(Address) 218 N. Mount

18. BURIAL, CREMATION OR REMOVAL

Place Mt. Calvary Date 7/19 1937

19. UNDERTAKER Jno. J. Chase & Son

(Address) 638 N. Gilmor

JUL 19 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to July 16, 1937

I last saw him alive on July 16, 1937. Death is said to have occurred on the date stated above, at a.m.

The principal cause of death and related causes of importance were as follows:

Uraemia Poisoning — Date of onset 6 Months

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. J. Nalley, M. D.

(Address) 1715 Fe

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37467

F 37467

Registered No. 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1918 Ethington Ave. St., 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Simpson

If U. S. Veteran specify WAR

(a) Residence: No. 1618 Ethington Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 20 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Empress Powell

14. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

MOTHER

15. MAIDEN NAME Gladys Simpson

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

17. INFORMANT Charles Simpson

(Address) 1618 Ethington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Pet Mem Cem Date July 20 1937

19. UNDERTAKER Clarence R. Puckett

(Address) 2225 Lanvale St.

20. FILED JUL 19 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1 day

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Harry Casner M. D. Coroner

(Address) 1216 Hanover

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT—ANSWER EVERY ITEM IF POSSIBLE. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37468

CERTIFICATE OF DEATH

53-E F 37468

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 8-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Abraham Bookoff

(a) Residence: No. 2401 E. Preston St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Lena.

6. DATE OF BIRTH (month, day, year) Aug 14/1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 034

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris Bookoff

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rosa ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Lena Bookoff (Address) 2401 E Preston St

18. BURIAL, CREMATION, OR REMOVAL Place Workmen Circle Cemetery Date July 19 1937

19. UNDERTAKER Sol Levinson & Bro (Address) 1127 E Baltimore St

20. FILED JUL 19 1937 19 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1937 to July 18, 1937

I last saw him alive on July 18, 1937. Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma	7-6-1937

Other contributory causes of importance:

Was an operation performed? Yes Date of 7-6-16-1936

For what disease or injury? Lymphosarcoma

Name of operation Biopsy of cervical lymph gland

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Bernard Ludman, M. D.

(Address) Sinai Hospital

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37469

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No.) Heb. Home for Aged St., (Ward) 37417

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel Lieberman

If U. S. Veteran specify WAR

(a) Residence: No. Belvedere Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Lieberman

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Israel Katz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sharfa ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT L. J. Kimball Supt.

(Address) Belvedere Ave & Greenspring Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Mt Carmel Date July 19 1937

19. UNDERTAKER Sol Levin & Bros

(Address) 1427 E Baltimore St

20. FILED Huntington Wilkinson Registrar

JUL 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-14-, 1930, to 7-18, 1937

I last saw h. alive on 7-18, 1937. Death is said to have occurred on the date stated above, at 11.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension	
Cerebral Haemorrhage, right	12-3-29

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) H. Edmund Kerr M. D.

(Address) Levindale

INSTRUCTIONS: Write plainly with pen and ink. Fill in all blanks with the information called for. Physicians should be careful, when certifying to cause of death, to state the disease causing death, or in the absence of a medical attendant, the cause of death as ascertained by them. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37470 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24970 S F 37470

53-E

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospt. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Butler — If U. S. Veteran specify WAR

(a) Residence: No. 1629 Druid Hill Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C. X	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Cable

6. DATE OF BIRTH (month, day, year): 1-13-1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: Sam Carey

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Annie Hill

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT (Address): B. C. H. Records

18. BURIAL, CREMATION, OR REMOVAL — Place Mt. Auburn Date 7/21/37

19. UNDERTAKER (Address): Mrs. Grace K. Hollan, 1631 Druid Hill Ave

JUL 19 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1937 to July 17, 1937

I last saw her alive on July 17, 1937. Death is said to have occurred on the date stated above, at 5.05 P m.

The principal cause of death and related causes of importance were as follows:

Sarcoma of Leg — Date of onset Jan 1936

Other contributory causes of importance:

Was an operation performed? Yes Date of Jan. 1936

For what disease or injury? Sarcoma

Name of operation Amputation of Leg

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Santelle M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37471

F 37471 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

169

1. PLACE OF DEATH Md. Gen. Hospital. 11-4 Registered No.

CITY OF BALTIMORE: (No. ... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William J. Hannafin If U. S. Veteran specify WAR

(a) Residence: No. 1307 Linden Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 19 1906

7. AGE: Years 30 | Months 8 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Traveling Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Francis E. Hannafin

14. BIRTHPLACE (city or town) (State or country) Bridgeport Conn.

MOTHER

15. MAIDEN NAME Anna Fisher

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Anna Hannafin

(Address) 1649 Darley Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 7/20/37

19. UNDERTAKER Vernon Lessinger

(Address) Forest Park Heights

20. FILED JUL 19 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above at 9:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull & Left Femur	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury 7/17, 1937.

Where did injury occur? 1307 Linden Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Home

Manner of injury Jumped or fell out window

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hann Coroner M. D.

Coroner

(Address) 1315 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

#18960

F 37472

CERTIFICATE OF DEATH

F 37472

1. PLACE OF DEATH

Registered No. 4-223

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oliver B Braxton

If U. S. Veteran specify WAR

(a) Residence: No. 661 W. Mulberry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 10/22/~~1900~~ 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~36~~ 30	~~9~~ 8	~~24~~ 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Susie Payton

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date July 20, 37

19. UNDERTAKER Mrs Katie R. Williams
(Address) 32 N Schroeder St

FILED JUL 19 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-16-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-1, 1937, to 7-16, 1937.

I last saw him alive on 7-16, 1937. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis questionable	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 7-15-37

For what disease or injury? Pulmonary Tuberculosis

Name of operation Thoracoplasty

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) K. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F. D. 37473 ✓ F 37473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 751 N. Northear St. 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residenre in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran give WAR

2. FULL NAME Wilhelmina Brosius Morrison

(a) Residence: No. 751 N Northear St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Morrison

6. DATE OF BIRTH (month, day, year) Jany 12-1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Brosius

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Mcinnis

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Robert Morrison

(Address) 751 N. Northear

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 21, 1937

19. UNDERTAKER H. J. Kuckhoff Sons

(Address) 1

28. FILED JUL 20 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) ... from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) ... find that said deceased came to ... death on the day stated above. 7:30 a.m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. Hamm Coroner M. D.

Coroner

(Address) 1216 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

✓ F 37474

HEALTH DEPARTMENT—CITY OF BALTIMORE

37474

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5120 Liberty Heights Ave St., 28-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? 27 yrs. mos. ds.

2. FULL NAME Josephine Tamburo

(a) Residence: No. 5120 Liberty Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dominick Tamburo

6. DATE OF BIRTH (month, day, year) June 13 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cefalu' Italy

FATHER

13. NAME Filippo Piede

14. BIRTHPLACE (city or town) (State or country) Cefalu' Italy

MOTHER

15. MAIDEN NAME Marianna Vinci

16. BIRTHPLACE (city or town) (State or country) Cefalu' Italy

17. INFORMANT Dominick Tamburo (Husband)
(Address) 5120 Liberty Heights Ave

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Ce. Date July 21 37

19. UNDERTAKER Frank Della Noce
(Address) 5 W. Hamilton St. Baltimore, Md.

FILED JUL 23 1937, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1937 to July 18, 1937

I last saw her alive on July 17, 1937. Death is said to have occurred on the date stated above, at 1P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pulmonary Tuberculosis with hemorrhage	
Other contributory causes of importance: Tuberculosis of Bowel	

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. E. Spence, M. D.

(Address) 4710 Liberty Hts Ave

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37475 HEALTH DEPARTMENT—CITY OF BALTIMORE 37475

CERTIFICATE OF DEATH

82-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2143 Wilkens Ave. St., 20-5 Ward)

Length of residence in city or town where death occurred 78 yrs. 5 mos. 18 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Spindler

(a) Residence: No. 2143 Wilkens Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of the late Anna Spindler

6. DATE OF BIRTH (month, day, year) Jan 29, 1859.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Joseph Spindler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Frank Spindler
(Address) # 2143 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 7 / 20 / 1937

19. UNDERTAKER John J. Cowan & Son
(Address) # 901 Hollins Street

20. FILED JUL 19 1937 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1937 to July 17, 1937

I last saw h.. alive on July 17, 1937. Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 14 '37
Other contributory causes of importance:	

Was an operation performed? None Date of —

For what disease or injury? No.

Name of operation None

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John C. Dressler M. D.

(Address) 104 W. Madison St

N. B.—WRITE LEGIBLY, with ink. PHYSICIANS should be stated EXACTLY. AGE should be carefully supplied. Exact statement of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37476

159

Registered No. .....

1. PLACE OF DEATH Union Memorial Hospital. St., 1300 Ward 6
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Mills St., ... Ward. .....
(If non-resident give city or town and State)

(a) Residence: No. 2424 (Usual place of abode) St., ... Ward. .....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 13, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edgar James Mills.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Connie Ellen Black.

16. BIRTHPLACE (city or town) (State or country) Alabama

17. INFORMANT Connie Black Mills.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Union Memorial Vlp Date 19

19. UNDERTAKER
(Address)

20. FILED ..... 19 ..... Registrar.

VS 3
4-12-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-13-37, 10—, to 7-13-37, 10—, I last saw h.e alive on 7-13-37, 10—. Death is said to have occurred on the date stated above, at 8 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	7/13/37
Other contributory causes of importance:	
—	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry, in home, or in public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Dr. Hamilton McCauley M. D.

(Address) Union Memorial Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37477 E 37477

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St. 12-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S Veteran specify WAR .....

2. FULL NAME Baby boy Vineyard

(a) Residence: No. 302 W Lafayette Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Child of Charles P Vineyard

6. DATE OF BIRTH (month, day, year) July 12, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, 5 hrs. or min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md. General Hosp. Baltimore, Md.

FATHER

13. NAME Charles Palmer Vineyard

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Helen Grace Dubois

16. BIRTHPLACE (city or town) (State or country) New York City

17. INFORMANT Mother

(Address) 302 Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Md. Gen. Hosp. Date 7/13/37 19

19. UNDERTAKER

(Address)

20. FILED JUL 19 1937 Lexington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 1937

22. I HEREBY CERTIFY, That I attended deceased from 6 pm July 12 1937 to 11 pm July 12 1937

I last saw him alive on 10:59 pm July 12 1937 Death is said to have occurred on the date stated above, at 11 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital atelectasis	

Other contributory causes of importance:

Prematurity

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. K. Mansfield M. D.

(Address) Md. General Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Priscilla Banks ✓ E 37478

37478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-2

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 529 asquith st St., 5-1 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Priscilla Banks

If U. S. Veteran specify WAR

(a) Residence: No. 529 asquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colord	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) V. a

FATHER

13. NAME Thomas Banks

14. BIRTHPLACE (city or town) (State or country) V. a

MOTHER

15. MAIDEN NAME Annie Lee Caroline Brown

16. BIRTHPLACE (city or town) (State or country) V. a

17. INFORMANT Willie Banks
(Address) 529 E asquith st

18. BURIAL, CREMATION, OR REMOVAL
Place Smith-Emporia Date V. a. 7/19/37

19. UNDERTAKER Edwin Bryson
(Address) 2141 Orbond

20. FILED 19 Registrar

JUL 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-17- 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-10- 1937 to 7-12- 1937

I last saw her alive on 7-16- 1937 Death is said to have occurred on the date stated above, at 11.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal Disease	

Other contributory causes of importance:

Same

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

Was test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify —

(Signed) R. H. Beazley, M. D.

(Address) 611 S. Dawson

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 37479

37479 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 1 - 1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margrit Alberta Nassner — If U. S. Veteran specify WAR .....

(a) Residence: No. 923 S Linwood St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 11/15/13

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work, as nurse, engineer, sawyer, bookkeeper, etc. — Telephone operator

9. Industry or business in which work was done, as farm, mill, saw mill, bank, etc. — Phone office

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (City or town) (State or country) Baltimore Md

FATHER

13. NAME Leonard L Nassner

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Ida Wacker

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Leonard L Nassner (Address) 923 S Linwood

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date July 20, 1937

19. UNDERTAKER John J Woods & Son (Address) 1201 Orleans St

20. FILED ..... 19 ..... Registrar .....

JUL 19 1937

MEDICAL CERTIFICATE OF DEATH 10 AM

21. DATE OF DEATH (month, day, year) July 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held ... Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Fracture Skull	7-18
Shock	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 7-18, 1937

Where did injury occur? (Specify city or town, county, and State) Road Of Rt 1 Roswood Md

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Auto ran into a pole

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Julius Gurley Coroner, M. D.

(Address) 907 N Charles

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37480

HEALTH DEPARTMENT—CITY OF BALTIMORE

37480

CERTIFICATE OF DEATH

62-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 N Macon St., 26-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bertha Millar

(a) Residence: No. 504 N Macon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frederick H Miller

6. DATE OF BIRTH (month, day, year) May 30-1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Edw Mahnes

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sarah Lewis

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Fredk H Miller
(Address) 504 N Macon

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Co. Date July 20 1937

19. UNDERTAKER John Ulrich & Sons
(Address) 1202 Eutaw St.

20. FILED JUL 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 7th, 1937, to July 17th, 1937

I last saw her alive on July 17, 1937. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Cerebral Hemorrhage

Other contributory causes of importance:

High Blood Pressure

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Adam Ford M. D.

(Address) 4616 Easter Ave

N. B.—WHILE PERFECT, WITH RESPECT TO ALL ITEMS, IS A PRIMARY REQUISITE, PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

JUL 19 1937

172

37481

HEALTH DEPARTMENT—CITY OF BALTIMORE 37481

CERTIFICATE OF DEATH 24898--EF

45-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 18-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? 25 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Guifre

(a) Residence: No. 1129 Hollins St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Guiffre

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME John ?

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date July 20 1937

19. UNDERTAKER Herron Keehner

(Address) 2? Edmondson Ave

20. FILED 19

Registrar.

JUL 19 1937

Huntington Hilbert

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-17 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-10 1937 to 7-17 1937

I last saw h.e alive on 7-17 1937 Death is said to have occurred on the date stated above, at 12:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of jaw	?
Hypertensive cardio-vascular disease + decompensation	?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. C. Brantigan M. D.

(Address) Baltimore City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37482 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37482

CERTIFICATE OF DEATH

53-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 Aisquith St. 10-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rosie Dorsey

If U. S. Veteran specify WAR .....

(a) Residence: No. 824 Aisquith St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Color.	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harid

6. DATE OF BIRTH (month, day, year) Sept 22-1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Francis

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Barnes

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Sadie Watts.

(Address) 824 Aisquith St.

18. BURIAL, CREMATION, OR REMOVAL

Place Fallsway Cem Date July 22 1937

19. UNDERTAKER Mrs. Robert A. Elliott-daughter

(Address) 1129 N. Carolina St.

20. FILED ..... 19 ..... Registrar

Remington Philadelphia, Pa.

JUL 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-16- 1937

22. I HEREBY CERTIFY, That I attended deceased from June 28 1937, to July 11 1937

I last saw h[illegible] alive on July 11 1937 Death is said to have occurred on the date stated above, at 2-55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, Bladder	
	over

Other contributory causes of importance:

Was an operation performed? No Date of -

For what disease or injury? -

Name of operation - Date of -

What test confirmed diagnosis? cystoscopic exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Abramstein M. D.

(Address) 732 Augusta St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3

F 37483

37483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 330 837

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME August Schulze

(a) Residence: No. 118 South St., ... Ward. Easton Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Otilia

6. DATE OF BIRTH (month, day, year): 10-10-78

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0657

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: August Schulze

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: ? Antonie

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL.

Place Spring Hill Cemetery Date July 20. 1937

19. UNDERTAKER: John F. Kenny

(Address) 715 Light St

20. FILED ..... Huntington Wolhaupter, M.D. Registrar.

JUL 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 18. 1937

22. I HEREBY CERTIFY, That I attended deceased from June 21 1937 to July 18 1937

I last saw h. in alive on July 18 1937 Death is said to have occurred on the date stated above, at 1145 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholelithiasis	6/1/37
Renal Failure	6/2/37
Hydrothorax	6/25/37
Cardiac	7/2/37
Other contributory causes of importance: Pericarditis	7/4/37

Was an operation performed? yes Date of 6/2/37

For what disease or injury? Cholelithiasis

Name of operation Exploratory Laparotomy, drainage & Gall Bladder.

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Lamar Alexander Gray M. D.

(Address) Johns Hopkins Hospital.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37484

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37484

CERTIFICATE OF DEATH

11-4 125-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Brown

If U. S. Veteran specify WAR

(a) Residence: No. 947 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 13, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbot County Md.

FATHER

13. NAME Robert W. Luttington

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Bertha Thomas

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT James Luttington

(Address) 1422 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Eastern Ave Cemetery Baltimore Md Date 7/20/ 1937

19. UNDERTAKER Frances A. Hemsley

(Address) 518 W. Biddle St.

20. FILED 19 Registrar

JUL 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Yellow Atrophy	
7 days	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenken M. D.
Coroner

(Address) 1919 E. North Ave.

Burgess

37485 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37485

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 Harlem St., 16-3 Ward) Registered No. 48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Anna Burgess

If U. S. Veteran specify WAR

(a) Residence: No. 1718 Harlem St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edw L

6. DATE OF BIRTH (month, day, year) Jan 2 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	6 5	21 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME James A. Ross

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Lillie A. Ross

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Edw. L. Burgess
(Address) 1718 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Cem. Date 7/21/37 19

19. UNDERTAKER Mrs. George G. Kolb
(Address) 1831 Edmondson Ave

20. FILED Dr. Huntington Philadelphia, Md.

JUL 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Choreo-epithelioma	

Other contributory causes of importance: Metastasis to lungs & necrosis

Was an operation performed? Not Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schenck M. D.
Coroner

(Address) 1919 E. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37486

F 37486 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital 2106 W. North Ave

CITY OF BALTIMORE: (No. ..... St., 7-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Elmer Beatty

(a) Residence: No. 609 N. Decker St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) 3/8/87

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, ~~weaver~~ Engineer

9. Industry or business in which work done, as silk mill, ~~cotton mill~~ Laundry Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Harry Beatty

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Eleanor Cassiddy

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Catherine Beatty Wife

(Address) 609 N Decker Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem. Date 7/20 1937

19. UNDERTAKER Geo Leimbach

(Address) 525 Fremont St.

20. FILED JUL 20 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1937

22. I HEREBY CERTIFY, That I last attended the above case, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 7/17 1937

Where did injury occur? Arbutus Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Struck by R R

Nature of injury Fell from Truck while driving a

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Herbert Bentley Coyle M. D.

(Address) 919 N Charles St

Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 37487

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-4-131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 W Lanvale St., ... Ward)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Wick

(a) Residence: No. 1820 W Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Wife

6. DATE OF BIRTH (month, day, year) Jan. 2-1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railway

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Daniel Wick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Wick
(Address) 1820 Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date 7/20 1937

19. UNDERTAKER Geo Leimbach
(Address) 1205 Lanvale St.

20. FILED JUL 23 1937 Hughes Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 1937

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1933 to July 17 1937

I last saw h... alive on July 17 1937 Death is said to have occurred on the date stated above, at 12.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria Sclerotic Cardio Vascular	
Renal Disease	
Cerebral Hemorrhage	7/29/36
Other contributory causes of Importance:	
Chronic Nephritis	7/29/32

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? ...
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Daniel Mengert M. D.

(Address) 1116 E. Fayette St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37488

CERTIFICATE OF DEATH

E 37488

Registered No. 95-B

1. PLACE OF DEATH — St Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. ... If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME — Mrs Basil a Walstrum — If U. S. Veteran specify WAR ...

(a) Residence: No. 54 S. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced — HUSBAND of (or WIFE of) Thelma Walstrum

6. DATE OF BIRTH (month, day, year) April 14, 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	3	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Clerical
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Bath Md

FATHER
13. NAME — George W Walstrum
14. BIRTHPLACE (city or town) (State or country) — Balt Md

MOTHER
15. MAIDEN NAME — Ann B ...
16. BIRTHPLACE (city or town) (State or country) — Balt Md

17. INFORMANT — Geo Walstrum
(Address) 54 S Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Place Lauder Park Date 7/21 19 37

19. UNDERTAKER — Leonard J Post
(Address) 320 Fulford Ave

FILED JUL 19 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 5. 1937 to July 18 1937
I last saw h.i.M. alive on July 18. 1937 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
RACUMATIC CARDIO-VASCULAR DISEASE	? 1933
SUBACUTE BACTERIAL ENDOCARDITIS	?
Other contributory causes of importance:	
THROMBOSIS OF LEFT POPLITEAL VESSEL.	7/1/37

Was an operation performed? Yes. Date of 7/13/37
For what disease or injury? GANGRENE LEFT LEG
Name of operation AMPUTATION-MIDDLE Y3 LEFT THIGH
What test confirmed diagnosis? CLINICAL LAB. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Dr. Geo. Wehoges M. D.
(Address) St. Agnes Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 37189

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37189

CERTIFICATE OF DEATH

27-1 ✓36

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital. St. ..... Ward)

Length of residence in city or town where death occurred 47 yrs. 5 mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Katherine Leibold.

(a) Residence: No. 3701 Parkside Drive. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of John G. Leibold.

6. DATE OF BIRTH (month, day, year) February 9, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Childs.

14. BIRTHPLACE (city or town) (State or country) Russia.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT John G. Leibold. (husband)
(Address) 3701 Parkside Drive.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date July 20, 1937

19. UNDERTAKER Mr. Mrs. John H. Keefer & Son
(Address) 501 N. Fayette St.

20. FILED ..... 19 ..... Registrar

JUL 20 1937

Washington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held ... autopsy & inquiry ... and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by autopsy & inquiry ... said deceased came
(Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia.	
undetermined.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Otto Steinhaus X M. D.
Coroner

7/19/37 (Address) 1017 S. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37490

CERTIFICATE OF DEATH

F 37490

Registered No. 27-8121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Wickham

If U.S. Veteran specify WAR Ho Record

(a) Residence: No. 6107 York Road St., Ward. Peace Time Soldier

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

3a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Mrs. May Wickham

6. DATE OF BIRTH (month, day, year) May 1, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 0009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Govt. alcohol tax dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Watkins Wickham

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Elizabeth Vaughan

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. May Wickham

(Address) 6107 York Road

18. BURIAL, CREMATION, OR REMOVAL Arlington Natl. Cem. Date July 21st 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

JUL 20 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1937 to July 18, 1937

I last saw h~~im~~ alive on July 18, 1937. Death is said to have occurred on the date stated above, at 11:10 P m.

The principal cause of death and related causes of importance were as follows:

Streptococcus Peritonitis — Date of onset 7-15-37

Other contributory causes of importance:

Was an operation performed? Yes Date of 7-14-37

For what disease or injury? Chronic appendicitis

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Ewald Jr. M. D.

(Address) 1211 Cathedral St. Md. Lewis L. Ewald Jr.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37491

HEALTH DEPARTMENT—CITY OF BALTIMORE

37491

CERTIFICATE OF DEATH

5-6 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2827 Walbrook Ave. Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary P. Anderson If U.S. Veteran, specify WAR No Record

(a) Residence: No. 2827 Walbrook Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. ~~Single, Married, Widowed, or Divorced~~ (write the word): Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 7th 1885

7. AGE: Years 52 | Months √ | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
10. Date deceased last worked at this occupation (month and year) July 37
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME Robt H. Young
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Mary R. Parker
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Olive B. Robertson
(Address) 2800 E. Balto. St.

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park July 20 37

19. UNDERTAKER Wm Cook
(Address) 917 N. Paul St.

Elkington Williams, M.D.

JUL 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18th 1937

22. I HEREBY CERTIFY, That I attended deceased from August 1936 to July 18 1937

I last saw her alive on July 16 1937 Death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/18/37
Arterial Hypertension	8/36

Other contributory causes of importance:
Senility.

Was an operation performed? No. Date of —

For what disease or injury? —

What test confirmed diagnosis? Phy. exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Louis F. Krumm, M. D.
(Address) 722 No. Linwood Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37492

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37492

CERTIFICATE OF DEATH

24587 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 16-1 Ward) Registered No. 137

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Dorsey

(a) Residence: No. 1018 W. Lanvale St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Dorsey

6. DATE OF BIRTH (month, day, year) 3-8-1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Clara ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date 7/20 1937

19. UNDERTAKER Isobel G. Lord
(Address) 252 Jefferson St.

JUL 20 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1937, to July 17, 1937

I last saw him alive on July 17, 1937. Death is said to have occurred on the date stated above, at 7:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign hypertrophy of prostate	[illegible]
Cystitis	June 25 1937

Other contributory causes of importance:

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Jr. L. De Lanfille M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

#24990

F 37493

CERTIFICATE OF DEATH

15-123

F 37493

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gilbert Gilford Hardy

If U. S. Veteran specify WAR

(a) Residence: No. 1524 Baker St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/21/35

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
1	1	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Richard

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Emma Baxter

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 7-20 37

19. UNDERTAKER George H. Nelson

(Address) 1323 Pennsylvania Ave Huntington Williamson, W. Va.

JUL 20 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1937, to July 16, 1937

I last saw him alive on July 16, 1937 Death is said to have occurred on the date stated above, at 9.30 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary T.B — Date of onset unknown

Other contributory causes of importance:

T.B meningitis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. C. Goodwin M. D.

(Address) Balto. City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 37491

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37494

CERTIFICATE OF DEATH

17-282-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (Ward) 17

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Crawford

(a) Residence: No. 567 W Hoffman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH INKING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Crawford

6. DATE OF BIRTH (month, day, year) March 31-1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bates, md

FATHER

13. NAME Thomas Crawford

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Mary Clough

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Mary Crawford

(Address) 567 W Hoffman St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 7-21, 37

19. UNDERTAKER George H. Elkton

(Address) 1303 Presstman St

20. FILED JUL 20 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence adduced by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	July 16 1937

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No specify

(Signed) Geo S. Allen Coroner M. D.

(Address) 507 Lanvale St

E 37495

HEALTH DEPARTMENT—CITY OF BALTIMORE

37495

CERTIFICATE OF DEATH

15-2794-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alfred E Butts

(a) Residence: No. 1340 W Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Julia Butts

6. DATE OF BIRTH (month, day, year) April 6 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

0040

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME John Butts

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Julia Butts
(Address) Rear N 8 Vernon Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Date 7-20 1937

19. UNDERTAKER George F. Kelson
(Address) 1213 Presstman st

20. FILED 19 Registrar.

JUL 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	July 17 1937

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George F. Allen M. D.

(Address) 50 Penn St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

Over

HEALTH DEPARTMENT—CITY OF BALTIMORE

33185 3

F 37496

CERTIFICATE OF DEATH

1152 F 37496

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 6 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Baumgartner

If U. S. Veteran specify WAR .....

(a) Residence: No. 18 N. Streeper St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) 11/19/77

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Anna Leonard

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem Date 7/19 1937

19. UNDERTAKER John G. Connelly
(Address) Essex Md.

Filed JUL 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1937 to July 17, 1937

I last saw h[illegible] alive on July 17, 1937 Death is said to have occurred on the date stated above, at 7.15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis Mouth + Neck	7-12-37

Other contributory causes of importance:
Dental Caries

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Paul A. Rumbel, M. D.

(Address) The Johns Hopkins Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 37497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37497

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 Braddish St. Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie [illegible] Bantzard

If U. S. Veteran specify WAR

(a) Residence: No. 1506 Braddish [illegible] St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

5a. If married, widowed, or divorced (or) WIFE of Edward A. Bantzard

6. DATE OF BIRTH (month, day, year) Sept 28. 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co Md

FATHER

13. NAME [illegible] Myers

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Ellen Nott

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr Chester E. Bantzard

(Address) 1506 Braddish Ave

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cem. July 20 1937

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED JUL 20 1937 19 Huntington, Williams & Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17th 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 27 19 37 to July 18 19 37

I last saw her alive on July 18, 1937 Death is said to have occurred on the date stated above, at 2.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	5 yr
Chronic Myocarditis	5 yr

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 757 W. Lanvale St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37498

CERTIFICATE OF DEATH

37498

Registered No. 12-2 43-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 N Monroe St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 11 mos. 27 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Sarah Cornelius Brown

If U. S. Veteran specify WAR

(a) Residence: No. 1616 N Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced (HUSBAND of) (or) WIFE of Louis E Brown

6. DATE OF BIRTH (month, day, year) July 21-1853

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	83	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Nelson High

14. BIRTHPLACE (City or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Emily Hunt

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Sarah Donnelly

(Address) 1616 N Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place Eastern Cem Date July 21, 1937

19. UNDERTAKER J M Fickey & Sons

(Address) North & Ross

20. FILED JUL 20 1937 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 17th, 1937, to July 18th, 1937

I last saw h.r alive on July 18th, 1937. Death is said to have occurred on the date stated above, at 8P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	Jan 1936
Other contributory causes of importance: Catarrhal Enteritis (Diarrhoea)	July 12 1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Coleman Yellowman M. D.

(Address) 1701 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37499 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 37499

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 S. Potomac St., 1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME CATHERINE STOCKMAN

(a) Residence: No. 1107 S. Potomac St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William J. Stockman

6. DATE OF BIRTH (month, day, year) Nov. 1. 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George A. Hasse

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Wm. J. Stockman (Husband)
(Address) 1107 S. Potomac St.

18. BURIAL, CREMATION, OR REMOVAL
1st Evangelical Cem. Date July 20. 1937
place

19. UNDERTAKER HENRY SANDER & SONS. INC. Geo. F. Sander
(Address) Baltimore & Broadway.

20. FILED JUL 20 1937 Huntington Williams, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17. 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept - 17 - 1935 to July 17 1937
I last saw her alive on July 17 1937. Death is said to have occurred on the date stated above, at 2.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	July 17 1937 17 hours duration
Other contributory causes of importance: Carcinoma of Cervix Metastasis of Lungs	July 15 1935? ?

Was an operation performed? yes Date of Sept 18 1935
For what disease or injury? Carcinoma of Cervix
Name of operation Amputation of Cervix & Cauterization
What test confirmed diagnosis? ? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) H. J. Davidson M. D.
(Address) 3228 Eastern ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37500

CERTIFICATE OF DEATH

59 F 37500

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 Ramsay St. 14-3 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 0 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles H. Dausch

If U. S. Veteran specify WAR .....

(a) Residence: No. 1403 Ramsay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Dec. 25, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 0084

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wash. D.C.

FATHER

13. NAME Michael Dausch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine A. Jones

(Address) 1403 Ramsay St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 22 1937

19. UNDERTAKER Frank A. Cole

(Address) 2000 Lanvale St.

Licensed Undertaker Washington Nathanson, M.D.

JUL 20 1937

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1935 to July 18 1937

I last saw him alive on July 18, 1937. Death is said to have occurred on the date stated above, at 7:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
9 Pyelonephritis	July 1937
Other contributory causes of importance: Diabetes mellitus	1930?

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Nathan Racusin, M. D.

(Address) 206 S. Johns St.

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37501 — 122 — 37501

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Mumma

If U. S. Veteran specify WAR

(a) Residence: No. 1716 Holbrook St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Mumma

6. DATE OF BIRTH (month, day, year) Dec. 23, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) July 4 1937

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Eli Crowther

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie Royston

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Deceased

(Address) 1716 Holbrook St

18. BURIAL, CREMATION, OR REMOVAL Pleasant Grove Date 7-21-37

19. UNDERTAKER George J. Ruth Inc

(Address) 1716 Holbrook St

JUL 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to July 18 1937

I last saw her alive on July 18 1937 Death is said to have occurred on the date stated above, at 5:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	7-18-37
Umbilical Hernia	1908
" " Strangulated	7-4-37
Herniotomy	7-5-37

Other contributory causes of importance:

Was an operation performed? Yes Date of July 5, 1937

For what disease or injury Strangulated Umb. Hern.

Name of operation Herniotomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Raymond J Tipan M. D.

(Address) Mercy Hospital, Balto Md

Information should be carefully summarized, but it may be properly classified. Exact statement of state CAUSE OF DEATH in plain OCCUPATION is very important. See instructions on back of certificate.

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37502

CERTIFICATE OF DEATH

8-1

78 F 37502

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis J. Strassner

If U. S. Veteran specify WAR

(a) Residence: No. 2639 Chesterfield Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 29 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Andrew Strassner

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Flora Rheen

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mother
(Address) Home

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date July 21 1937

19. UNDERTAKER Lilly & Feeley Inc
(Address) 405 E Monument

20. FILED 19 [illegible] Registrar

JUL 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18 1937

22. I HEREBY CERTIFY, That I attended deceased from July 12 1937 to July 18 1937

That I last saw him alive on July 18 1937. Death is said to have occurred on the date stated above, at 4 48 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain abscess, strep hemolyticus	7-1-37
Streptococcus meningitis	7-12-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Francis J Schwentker M. D.

(Address) Sydenham Hospital

F 37503 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37503

CERTIFICATE OF DEATH

21-282-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 4 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Newton F. Croggon

(a) Residence: No. 1105 W. Ostend St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian W. Croggon

6. DATE OF BIRTH (month, day, year) March 16 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R.

10. Date deceased last worked at this occupation (month, day, year) 7/18/1937

11. Total time (years) spent in this occupation 25yr

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Newton F. Croggon

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Barbara E. Ortman

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Lillian W. Croggon

(Address) 1105 W. Ostend St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park. Date 7/21/1937

19. UNDERTAKER John J. Cowan & Son

(Address) 201 Hollins St.

JUL 20 1937

19 ... Registrar

Huntington Williams, M.D.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. R. Mullen, M. D. Coroner

(Address) 2737 W. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37504

24936 MB

95-B

15-1

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy Coleman

If U. S. Veteran specify WAR

(a) Residence: No. 1369 W. Calhoun St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Coleman

6. DATE OF BIRTH (month, day, year) Feb 5 - 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Jessie Waters,

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Maddox

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 7/21 37

19. UNDERTAKER Thomas E. Kelagon
(Address) 1303 Eastman St

20. FILED . 19 Registrar.

Washington Village, D

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 . 1937

22. I HEREBY CERTIFY, That I attended deceased from July 12 . 1937 to July 19 . 1937.

I last saw her alive on July 19 . 1937. Death is said to have occurred on the date stated above, at 1.00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Unknown
Arteriosclerotic heart disease	April 1937
Other contributory causes of importance:	
Bronchopneumonia	7-14-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Bruce Sutcliffe M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37505

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37505

15-1293-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2804 Springhill Ave St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 49 yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Gold

If U. S. Veteran specify WAR .....

(a) Residence: No. 2804 Springhill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Rebecca

6. DATE OF BIRTH (month, day, year) 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Samuel

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Rosa

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Flora Gold
(Address) 2804 Springhill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Arash. Boulevard 7/20 1937

19. UNDERTAKER Jack Lewis Inc
(Address) 1437 E. Balto St

Filed JUL 20 1937 19

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1936, to July 19, 1937

I last saw h[illegible] alive on July 19, 1937. Death is said to have occurred on the date stated above, at 11 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	1 Day
Chr. Myocarditis (Arteriosclerotic)	1 year
Chr. Hypertension	

Other contributory causes of importance:

Pulmonary Oedema	6 hrs.

Was an operation performed? No. Date of -

For what disease or injury? -

Name of operation Clinical findings

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify -

(Signed) Michael S. Abrams, M. D.

(Address) 2360 Eutaw place.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37506

F 37506 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 Edmondson ave 19-1 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Malinda Harris

If U.S. Veteran specify WAR

(a) Residence: No. 1317 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 15, 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John Waldon

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Florence Fisher
(Address) 1317 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date July 21 1937

19. UNDERTAKER Francis A Hemsley
(Address) 518 W Biddle St

20. FILED Dec 7 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1937, to July 18, 1937.
I last saw h er alive on July 18, 1937 Death is said to have occurred on the date stated above, at 3 28 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance: ?	

Was an operation performed? no Date of

For what disease or injury?

What test confirmed Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward J. Wheatley M. D.
(Address) 1230 Druid Hill Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37507 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37507

CERTIFICATE OF DEATH

119 #24875 SF

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 22-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Beatrice Bradley

If U. S. Veteran specify WAR .....

(a) Residence: No. 602 Barre St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/11/1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
4 mo.	0	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Sam Bradley

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Rosalie

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL JUL 20 1937

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED Lexington Wilkinson, M.D.

JUL 20 1937 3868 K

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-9, 1937, to 7-17, 1937

I last saw her alive on July 17, 1937. Death is said to have occurred on the date stated above, at 8.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	unknown
Other contributory causes of importance:	
acute entero-colitis	14 days before death

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) T. Campbell Goodwin, M. D.

(Address) Baltimore City Hosp.

F 37508 ✓ F 37508 #12736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-9-95-3SF

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 27 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Barnes

(a) Residence: No. 614 School St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/5/1873 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63 ?	63	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Andrew (d)

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Caroline Dorsey (d)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL JUL 20 1937
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 5 1937 to July 17 1937

I last saw him alive on July 17 1937. Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia — Date of onset 7-5-37

Other contributory causes of importance:

Hypertensive heart disease

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. A. de Lautelle M. D.

(Address) Bay View City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 20 1937 3367

37509

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37509

CERTIFICATE OF DEATH

X 53-C

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Coldspring Blvd St., 4-26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Rosalie Dampf

If U. S. Veteran specify WAR

(a) Residence: No. East Port Wrexford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-27-11

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coldport Md.

FATHER

13. NAME August Dampf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emily Collyer

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT August Dampf.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Coldport Md. Date 7-22 1937

19. UNDERTAKER J. B. Cook
(Address) 1063 E. East St.

20. FILED Harrington Nathaniel, M.D.

JUL 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-19, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-1-37, 19..., to 7-19-37, 19...

I last saw her alive on 7-19-37, 19... Death is said to have occurred on the date stated above, at 6:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor Left temporal lobe of brain, Cancer	2 yrs ago
Other contributory causes of importance: Port operation shock	6 DAY

Was an operation performed? Yes Date of 7-9-37

For what disease or injury? Brain tumor

Name of operation Craniotomy

What test confirmed diagnosis? / Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. J. Nicholson, M. D.

(Address) University Hosp.

F 37510

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37510

CERTIFICATE OF DEATH

18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. St., E-6 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edwin Kincaid

If U. S. Veteran specify WAR .....

(a) Residence: No. 1504 Rutland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Kincaid

6. DATE OF BIRTH (month, day, year) Aug 10, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 079

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Susquehanna River Md

FATHER

13. NAME Charles Kincaid

14. BIRTHPLACE (city or town) (State or country) Unknown Lorenzo Md

MOTHER

15. MAIDEN NAME Louise Jordan

16. BIRTHPLACE (city or town) (State or country) Unknown Lorenzo Md

17. INFORMANT Deceased
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place West Nottingham Md Date July 21, 1937

19. UNDERTAKER J. E. Lyons
(Address) Perry Hall Md

20. FILED 19..... [illegible]

JUL 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1937 to July 19, 1937

I last saw her alive on July 19, 1937 Death is said to have occurred on the date stated above, at 3.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	7-7-37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Lumbar puncture

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Drayer S. Schwentker M. D.

(Address) Sydenham Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37511

3373 94

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Albert Sanz

(a) Residence: No. Bogart Columbia St., ... Ward. S. A.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/25/91

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper,** etc. merchant

9. Industry or business in which work was done, as **silk mill, saw mill, bank,** etc. ..... (N?)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) S. A.

FATHER

13. NAME Ramon Sanz

14. BIRTHPLACE (city or town) (State or country) S. A.

MOTHER

15. MAIDEN NAME Carmen Rubio

16. BIRTHPLACE (city or town) (State or country) S. A.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place New York N. Y. Date July 21 1937

19. UNDERTAKER Henry W. Jenkins Sons Co
(Address) 111 Fulton Orchard St

20. FILED ..... 19 .....
Registrar. Huntington Williams, M.D.

JUL 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1937 to July 20, 1937

I last saw him alive on July 20, 1937 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Glomerulo-Nephritis	June 1937
Other contributory causes of importance:	
Pulmonary Edema	July 19 1937
Uremia	July 20 1937

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? N.P.N. + Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Reuben G. Blount M. D.

(Address) Johns Hopkins Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Geisman

F 37512 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37512

94-13

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. 24-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Victor A. Geisman

(a) Residence: No. 113 E. Barney St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male. | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): ~~Married~~ Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ivor Geisman

6. DATE OF BIRTH (month, day, year) May 24-1869

7. AGE: Years 68 | Months 1 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Abbatoir
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER
13. NAME Unknown.
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Victor Falk
(Address) 113 E. Barney St

18. BURIAL, CREMATION, OR REMOVAL
Place London P.K. Date 7/21, 193

19. UNDERTAKER J. Fenn Mc Cully
(Address) 130 E. Fort Ave

20. FILED Huntington Williams JUL 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to July 15, 1937
I last saw h.. alive on July 15, 1937 Death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombus	1937
Heart Block	1937
Cystitis	1937
Other contributory causes of importance:	

Was an operation performed? Yes Date of Jan 19, 1937
For what disease or injury? Hemorrhoids
Name of operation Hemorrhoidectomy
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) D. Katherine J. ....., M. D.
(Address) University Hos

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37513 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37513
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 19-2 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Francis E. Stevens

If U. S. Veteran specify WAR No Record

(a) Residence: No. 221 N. Calhoun St., St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna K. Stevens

6. DATE OF BIRTH (month, day, year) July 25, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Sheet Metal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O Shops

10. Date deceased last worked at this occupation (month and year) July 19

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME Arther H. Stevens

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Laura E. Sheaffer

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Anna K. Stevens
(Address) 221 N. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date July 22nd 19 37

19. UNDERTAKER Wm Cook
(Address) 1217 E. Fayette St

20. FILED JUL 21 1937 19 ..... Registrar, per

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) G. H. C. Miller, M. D.
Coroner

(Address) 2757 W. North

F 37514 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37514

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5204 Anthony Ave. St. 26-2 Ward)

Registered No. 186-a 37514

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anastatia Hughes

If U.S. Veteran specify WAR

(a) Residence: No. 5204 Anthony Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas

6. DATE OF BIRTH (month, day, year) Nov. 1842

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
94	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James Holden

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Devorux

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Clarence A. Morningstar

(Address) 5204 Anthony Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 7/22/37. 19

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St.

20. FILED JUL 21 1937 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20/37. 19

22. I HEREBY CERTIFY, That I attended deceased from July 15 1937 to July 20 1937

I last saw her alive on July 19 1937 Death is said to have occurred on the date stated above, at 12:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	7-15-37
Other contributory causes of importance:	
—	none

Was an operation performed? no. Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no. Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) T. J. Gorday M. D.

(Address) 106 Hanford Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37515 F 37515

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 E. Lafayette Ave Ward 25) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jessie V. Brady If U. S. Veteran specify WAR No Record

(a) Residence (No. 223 E. Lafayette Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James 1885

6. DATE OF BIRTH (month, day, year) Aug 27 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Olean N.Y.

FATHER

13. NAME Blackford

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Ruth -

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT James Brady

(Address) 223 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk Date 7/22 1937

19. UNDERTAKER Wellington Cook

(Address) 1217 St Paul St.

20. FILED 19 Williams

JUL 21 1937

MEDICAL CERTIFICATE OF DEATH 1145 PM

21. DATE OF DEATH (month, day, year) July 19 1937

22. I HEREBY CERTIFY, That I attended deceased from April 19 1937 to July 19 1937

I last saw her alive on July 19 1937. Death is said to have occurred on the date stated above, at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Uterus	?

Other contributory causes of importance:

Was an operation performed? YES Date of May 2nd 193?

For what disease or injury? ABOVE - CANCER

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? OPER Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Edward J. Milan, M. D.

(Address) 6826 Johnston Ave

State Registrar

Local Registrar

INSTRUCTIONS: The information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37516 — F 37516

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1731 Belt St. 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nora May Caldwell If U.S. Vet. specify WAR No Record

(a) Residence: No. 1731 Belt St St., Ward. (If non-resident give city or town and State)

(Usual place of abode) Life

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Cornelius Caldwell

6. DATE OF BIRTH (month, day, year): Nov 3-1865

7. AGE: Years 71 | Months 8 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. Name: John Connors

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mary Strotman

(Address) 1731 Belt St

18. BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Date: July 21 1937

19. UNDERTAKER: Wm Swain Cook & Son

(Address) 1217 St Paul

20. FILED 19 Registrar

JUL 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 19- 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15 1937 to July 19 1937

I last saw her alive on July 18 1937 12 50a m. Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis (Indefinite)	
Other contributory causes of importance: Uremia	7/18/37

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If yes, specify

7/20/37 R. C. Campbell M. D.

(Address) 1644 Hanover St

—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37517 — F 37517

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 828 Harlem Ave St., 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Snowden

If U.S Veteran specify WAR .....

(a) Residence: No. 828 Harlem Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 19, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jessie J. Snowden

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Ruth Conway Kyler

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Ruth Kyler Snowden (mother)
(Address) 828 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 7/21/37

19. UNDERTAKER Chas O. Sin
(Address) 514 N Calhoun St.

20. FILED Huntington Williams, Reg
JUL 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1937 to July 20, 1937

I last saw ... alive on July 19, 1937 Death is said to have occurred on the date stated above, at 5 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature baby (2 mo preg)	

Other contributory causes of importance:

Jaundice	1 day

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. H. Kelly M. D.

(Address) 1424 E Monument St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37518

HEALTH DEPARTMENT—CITY OF BALTIMORE

37518

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1034 Lendenhall St. 23-1 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Miller

(a) Residence: No. 1034 Lendenhall St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Miller

6. DATE OF BIRTH (month, day, year) 12-25-1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. WPO

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton Md

FATHER

13. NAME Harry Miller

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Annie Miller

(Address) 1034 Lendenhall St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 7/21/37

19. UNDERTAKER Chas H. Goepper

(Address) 514 N. Carlton St Balto

FILED 19 Registrar

JUL 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence adduced by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows

	Date of onset
Cerebral Apoplexy	7/18/37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George L. Allen M. D.

Coroner

(Address) 5 & 9 Lexington St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37519

CERTIFICATE OF DEATH

F 37519

1. PLACE OF DEATH Memorial Hospital

CITY OF BALTIMORE: (No. Redwood & Green St., 402 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Stronger

If U. S. Veteran specify WAR .....

(a) Residence: No. 103 Redwood St., ... Ward. Catonsville Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tom Stronger

6. DATE OF BIRTH (month, day, year) June 28 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Schumacher

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Lena Rose

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles H. Stronger

(Address) 103 Redwood St. Catonsville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. Date July 23 1937

19. UNDERTAKER Harry T. Hancock

(Address) 204 Redwood St.

Herrington Williams M.D.

Registrar.

JUL 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1937 to July 20, 1937.

I last saw h... alive on July 20, 1937. Death is said to have occurred on the date stated above, at 7 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Ovary	
Bronchopneumonia	July 20
Myocardial disease	"
Edema of extremities	

Other contributory causes of importance:

Was an operation performed? yes Date of July 16

For what disease or injury? Carcinoma Ovary

Name of operation Oophorectomy

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No ..... If so, specify .....

(Signed) E. Cumbrooke M. D.

(Address) Univ. Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should be careful that information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37520

CERTIFICATE OF DEATH

93 F 37520

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4406 White ave St. 26-1 Ward)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Howard Cummings

(a) Residence: No. 4406 White ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Gordon Cummings

6. DATE OF BIRTH (month, day, year) June 5, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown England

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Joseph Gordon Cummings

(Address) 4406 White ave.

18. BURIAL, CREMATION, OR REMOVAL

Northwood Cemetery, Phila. Pa. July 22, 37

19. UNDERTAKER Frederick Sloan & Son

(Address) 1401 Eutaw Place

JUL 21 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20th, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1937 to July 20, 1937

That I last saw her alive on July 19th, 1937. Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis with Heart failure — Date of onset 1 yr ago

Other contributory causes of importance: arteriosclerosis

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Harry Lachman M. D.

(Address) 2322 Calloway Ave

V. R.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37521

95-B

1. PLACE OF DEATH Maryland Gen'l Hosp

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 9 E. 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Franklin T. Beans

If U.S. Veteran specify WAR .....

(a) Residence: No. 1418 E. Lafayette St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary (Gundlach)

6. DATE OF BIRTH (month, day, year) Oct. 25, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. ... min.
66	8	22	X X

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cemetery

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Bean

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sara Kelly

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Harry T Bean

(Address) 1418 E. Lafayette

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 7/22/37

19. UNDERTAKER George J Patty Inc

(Address) 1735 Harford ave Balto

JUL 21 1937

Huntington Williams M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20th 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-1-37, 19 ... to 7-20-37, 19 ...

I last saw him alive on 7-19-37, 19 ... Death is said to have occurred on the date stated above, at 7:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hypertensive C-V Disease	
2 Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J Feldman, M. D.

(Address) Maryland Gen'l Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37522

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37522

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3107 Strickland St. 26-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adam L Hemmuller

If U. S. Veteran specify WAR .....

(a) Residence: No. 3107 Strickland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Alice E Hemmuller

6. DATE OF BIRTH (month, day, year): Jan 8 1873

7. AGE — Years: 64 | Months: 6 | Days: 10 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Sebastian Hemmuller

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Darstin

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Alice E Hemmuller

(Address) 3107 Strickland

18. BURIAL, CREMATION, OR REMOVAL: Cathedral Cem. Date 7/22/37

19. UNDERTAKER: Joyce & Staley

(Address) Fiselton & Sayton

20. FILED JUL 21 1937 Washington, D.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1937 to July 18 1937

that I last saw him alive on 7/18 1937. Death is said to have occurred on the date stated above, at 7.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with hypertension	?
Bovine Heart	?
Other contributory causes of importance: Coronary Thrombus	1/18/37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D Thomas P. Alexander, M.D.

(Address) 3326 Frederick Ave

F 37523 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37523

CERTIFICATE OF DEATH

1. PLACE OF DEATH 2328 Stockton St. Registered No.

CITY OF BALTIMORE: (No. 2328 Stockton St St., 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Monroe Harold Haywood If U. S. Veteran specify WAR

(a) Residence: No. 2328 Stockton St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME James Haywood

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Mary Sampson

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Mrs Mary Haywood

(Address) 415 W. Hoffman

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 7-23 37

19. UNDERTAKER George L. Nelson

(Address) 1303 Eastman st

(Signed) Livingston Williams, Registrar.

JUL 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1937, to July 19, 1937

that I last saw h.. alive on July 19, 1937 Death is said to have occurred on the date stated above at 4:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Bronchopneumonia	7/9/37
Other contributory causes of importance: Influenza & Abscess of Liver	6/20/37

Was an operation performed? No Date of

For what disease or injury? none

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Bradford Higgins M. D.

(Address) 2243 Madison Ave

INSTRUCTIONS.—WRITE PLAINLY, WITH INK. ANSWER EACH QUESTION. If any item is unknown, state "unknown." The information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—0-30—A. & Co.—250 Bks.

F 37524

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37524

CERTIFICATE OF DEATH.

93-C

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5308 Tramore Road ST. 27-6 WARD)

2-FULL NAME Augustus Barton Clark

(a) RESIDENCE No. 5308 Tramore Road ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 87 yrs. 10 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of ~~XXXXXXXX~~ Elizabeth S. Clark

6 DATE OF BIRTH (month, day, and year) Sept 16th 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	10	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired Chief Clerk Appeal Tax Court
(b) General nature of industry, business, or establishment in which employed (or employer): Baltimore City
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Benjamin D. Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Octavia Ball

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mr. W. Carroll Clark
(Address) 5308 Tramore Road

15 Filed , 19

Huntington Williams, M.D.

JUL 21 1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19-1937

17
I HEREBY CERTIFY, That I attended deceased from Sept 1st 1936 to July 19th 1937
that I last saw him alive on July 18th 1937
and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:
Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) L. L. Sordy M. D.

7-20 1937 (Address) 5706 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	July 21 19 37

20 UNDERTAKER Fischer Bros. ADDRESS Reta Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37525

CERTIFICATE OF DEATH

F 37525

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 2 Ward) 21-V 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Shirley Mae Morton

If U. S. Veteran specify WAR

(a) Residence: No. 802 Barre St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6. DATE OF BIRTH (month, day, year): March 1(?), 1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md

FATHER

13. NAME: Walter Morton

14. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

MOTHER

15. MAIDEN NAME: Estelle Knight

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Estelle Morton

(Address): 802 Barre St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: 7/21/1937

19. UNDERTAKER: John J. Fogarty & Son

(Address): 901 Hollins St.

JUL 21 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year): 7/20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/13, 1937 to 7/20, 1937

I last saw h.. alive on 7/20, 1937 Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, bilateral	7/19/37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W J Nicholson M. D.

(Address) University Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37526

CERTIFICATE OF DEATH

✓ 1224 37526

1. PLACE OF DEATH Provident Hospital

Registered No. 12-2

CITY OF BALTIMORE: (No. 1514 Druid Park St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucia Gray

If U. S. Veteran specify WAR

(a) Residence: No. 1071 Argyle ave St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Gray

6. DATE OF BIRTH (month, day, year) Aug 11-1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Queen Town Maryland

FATHER

13. NAME Walter McIlvor

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Bailey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John Gray (Address) 1071 Argyle ave

18. BURIAL, CREMATION, OR REMOVAL Cemetery Town Md Date 7/21 37

19. UNDERTAKER Bernard Abernethy (Address) 818 Druid Hill Ave.

20. [illegible] Huntington - Williams, Inc.

JUL 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-19, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-4, 1937 to 7-19, 1937

I last saw her alive on 7-19, 1937 Death is said to have occurred on the date stated above, at 12.05 p.m.

The principal cause of death and related causes of importance were as follows: (Date of onset)

Intestinal Obstruction
Generalized Peritonitis

Other contributory causes of importance:
Rectal Stricture

Was an operation performed? Yes Date of 7-12

For what disease or injury? Rectal Stricture

Name of operation Excision of Rectum

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. E. Wilson, M. D.

(Address) Provident Hospital

PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. Exact statement of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37527

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37527

CERTIFICATE OF DEATH

V 82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 864 W. Fayette St. St. 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. - - mos. - - ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lloyd Clement Kepler.

(a) Residence: No. 864 W. Fayette St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of (or ~~WIFE of~~) Nellie Kepler.

6. DATE OF BIRTH (month, day, year) January 8, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick, Md.

FATHER

13. NAME Vincent S. Kepler.

14. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

MOTHER

15. MAIDEN NAME Annie Ausherman.

16. BIRTHPLACE (city or town) (State or country) Frederick Co, Md.

17. INFORMANT Mrs. Morris T. Deluter (sister)

(Address) Frederick, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Middletown Md Date July 22, 37

19. UNDERTAKER M. P. Eichelberger & Son

(Address) Frederick, Md.

20. FILED JUL 21 1937 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage,	
Hemiplegia.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

7/21/37 (Address) 1017 S. Charles St. Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK. THE INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37528 [redacted] HEALTH DEPARTMENT—CITY OF BALTIMORE F 37528

CERTIFICATE OF DEATH

17-1√ [redacted]

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward) 8 B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Doris Webster

If U. S. Veteran specify WAR .....

(a) Residence: No. 917 Shields Place St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Dec 15, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
4	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME David Webster

14. BIRTHPLACE (city or town) (State or country) Wilmington N. C.

MOTHER

15. MAIDEN NAME Estelle Chappell

16. BIRTHPLACE (city or town) (State or country) Victoria Va.

17. INFORMANT David Webster

(Address) 917 Shields Place

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lion Date July 23, 37

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 E. Lanvale St.

20. FILED JUL 21 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7. 21. 1937

22. I HEREBY CERTIFY, That I attended deceased from 7. 19. 1937 to 7. 21. 1937

I last saw her alive on 7. 21. 1937 Death is said to have occurred on the date stated above, at 2:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7. 19. 37
Other contributory causes of importance: Epilepsy (grand mal)	1937

Was an operation performed? no Date of —

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) James D. Carr M. D.

(Address) 515 Mulberry St

VS 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F37529 ✓ F37529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

20-7 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank A. Lehmann.

(a) Residence: No. 3551 Caton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married.

5a. If married, widowed or divorced: HUSBAND of Margaret Lehmann.

6. DATE OF BIRTH (month, day, year) April 8, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Margaret Lehmann. (wife)
(Address) 3551 Caton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 7/22/37 1937

19. UNDERTAKER Charles W. Dill.
(Address) 109 Frederick Ave.

20. FILED JUL 21 1937 E. J. Fox, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio vascular Renal Disease.	
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.
Coroner

7/21/37 (Address) 101 S. Charles St.

V.S.6

N. B.—WRITE PLAINLY, WITH UNFADING INK—THE PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Orlov Paul Abraham, Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37530

CERTIFICATE OF DEATH

F 37530

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Dora Orlove

If U. S. Veteran specify WAR .....

(a) Residence: No. 3001 Dennison St 3308 Powhatan Ave

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Morris

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58 ~~60~~			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse Wash

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Jennie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Fairmount Cem. Date 7/22/37

19. UNDERTAKER Jos. Lewis Inc

(Address) 1534 E. Baltimore St

20. FILED ..... 19..... Registrar.

Huntington-Williamsport, Pa.

JUL 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1937, to July 20, 1937

I last saw h.. alive on July 20, 1937 Death is said to have occurred on the date stated above, at 10:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary edema	7-20-37
Coronary Thrombosis	1936
Cardiac decompensation	7-20-37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Bernard Lidman, M. D.

(Address) Sinai Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37531

56

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 5-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Gustomalsky

If U. S. Veteran specify WAR

(a) Residence: No. 151 North Exeter St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION OR REMOVAL

Date 7/21/37

19. UNDERTAKER Levi & Levi Inc.

(Address) 1439 E. Baltimore St.

20. FILED ..... 19.... Registrar.

Burlington-Northwestern, Md.

JUL 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to July 21, 1937

I last saw h. alive on July 21, 1937 Death is said to have occurred on the date stated above, at 449 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Pancarditis	7/7
Other contributory causes of importance: Pulmonary Oedema	1 day

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Irwin Sauber M. D.

(Address) Sinai Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37532

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37532

CERTIFICATE OF DEATH

20-745-B

1. PLACE OF DEATH St. Agnes' Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. Ams Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 50 yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Boffen — If U. S. Veteran specify WAR .....

(a) Residence: No. 1188 Monastery Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
male	white	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or wife of)~~ Amelia Boffen

6. DATE OF BIRTH (month, day, year) Sept. 7th 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	9 10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A. 001

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Conrad Boffen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Frances Weingarten

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Amelia Boffen - Wife
(Address) 1188 S. Monastery Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 7/22/ 1937

19. UNDERTAKER Charles W. Dill.
(Address) 3109 Frederick Ave.

20. FILED ..... Registrar. 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-19-37

22. I HEREBY CERTIFY, That I attended deceased from July 9 1937 to July 19 1937

I last saw ~~him~~ alive on July 19 1937 Death is said to have occurred on the date stated above, at 1045 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Tongue	Jan 37
Carcinoma of Glands of Neck	7/1
Other contributory causes of importance: Bronchopneumonia	7/16/37

Was an operation performed? Yes Date of 7-2-37 & ~~7-7-37~~ + 7-15-37

For what disease or injury? Carcinoma of Tongue

Name of operation (1) Excision - cervicle glands (2) " Carcinoma of left side Tongue

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Daniel Geo Wykner M. D.

(Address) St Agnes Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37533

F 37533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4-2-181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospitals St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Edward Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. Elvaton Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 20, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Christapher

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John Smith

(Address) Elvaton Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Jul 21, 1937

19. UNDERTAKER Thomas W Singleton

(Address) Glen Burnie, Md

20. FILED ..... Registrar

Ellicott City, Md.

JUL 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infected Second Degree Burns	
of Left Lower Body and Leg	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury May 20, 1937

Where did injury occur? Elvaton Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Home

Manner of injury Playing with Matches

Nature of injury Burn

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D. Coroner

(Address) .....

INSTRUCTIONS: The information called for should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 37534

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 37534

CERTIFICATE OF DEATH

X 107-a

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. 6-5 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jno. Frank J. Bayer

(a) Residence: No. 34 Flagship Road, Dundalk St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Bayer (Sandlass)

6. DATE OF BIRTH (month, day, year) Sept. 3 - 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beth. Steel Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Castle Pa.

MOTHER FATHER

13. NAME Jacob Bayer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anna Bayer

(Address) 34 Flagship Rd. Dundalk

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 7/24 1937

19. UNDERTAKER John F. Donnelly

(Address) Essex Md.

20. Filed JUL 27 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20 X, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 19 X, 1937, to July 20 X, 1937

I last saw him alive on July 20 X, 1937. Death is said to have occurred on the date stated above, at 6 45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Agranulocytosis	7/15/37
Other contributory causes of importance: b Bronchopneumonia	7/18/37

Name of operation None Date of

What test confirmed diagnosis? Blood count & smear Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vernon H Norwood M. D.

(Address) Church Home & Infirmary.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37535 F 37535

37535 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24842--CM 34

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 4-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Timothy O'Brien

(a) Residence: No. 104 N. Greene St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Un.

6. DATE OF BIRTH (month, day, year) 4-21-1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	58	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. WPA

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Patrick O'Brien

14. BIRTHPLACE (city or town) (State or country) Un.

MOTHER

15. MAIDEN NAME Mollie McCarty

16. BIRTHPLACE (city or town) (State or country) Un.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date July 19 37

19. UNDERTAKER John Logue-Sons
(Address) 601 Hollins st

20. FILED JUL 21 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-11, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-7, 1937 to 7-11, 1937

I last saw h/ alive on 7-11, 1937 Death is said to have occurred on the date stated above, at 5 50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	2-3 weeks
Acidosis	4-5 days
Other contributory causes of importance:	
Urinary calculi	15 years
Cystitis	2-3 weeks

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 37536

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37536

CERTIFICATE OF DEATH

97-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3702 Cedardale Rd 15-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Georgia H. Mills

If U. S. Veteran specify WAR .....

(a) Residence: No. 3702 Cedardale Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. | 4. Color or Race W. | 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed or divorced (or) WIFE of Capt. Harry Mills.

6. DATE OF BIRTH (month, day, year) May 21 1864

7. AGE: Years 73 | Months 1 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME John Ogle

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ethel Nichols

16. BIRTHPLACE (city or town) (State or country) Eng.

17. INFORMANT Ethel J. Beere (Address) 3702 Cedardale Rd

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date July 22 1937

19. UNDERTAKER John A. Inhorn (Address) 3000 E. Baltimore St.

20. FILED ... Registrar. Errington Wilhelm, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/19, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1937 to July 19, 1937

I last saw her alive on July 19, 1937. Death is said to have occurred on the date stated above, at 4.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema Gall Bladder	6/28/37
Acute nephritis	7/12/37
Chr. Endocarditis	1933

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.E. Lab Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Homer C. Todd M. D.

(Address) 735 N. Fulton Ave.

Information should be carefully supplied. AGE should be stated IN YEARS, MONTHS and DAYS. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 21 1937

331-76

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37537

CERTIFICATE OF DEATH

7-21 F 37537

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.....

CITY OF BALTIMORE: (No.....St. 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.15.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Carrington W. Stettinius

If U. S. Veteran specify WAR

(a) Residence: No. Pot Spring Farms St., Ward. Towson Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adriana Petre

6. DATE OF BIRTH (month, day, year) 12/6/95

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
41	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME Edward R. Stettinius

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Lucille Carrington

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Friends
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Garrison Forest
Place St Thomas Date July 22 1937

19. UNDERTAKER Henry W. Perkins Sons Co
(Address) 11 E. Lexington St.

JUL 21 1937 Huntington Wilkinson M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 5 1937 to July 20 1937

I last saw him alive on July 20 1937 Death is said to have occurred on the date stated above, at 3055 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential Hypertension	Nov 1921
Chronic Vascular Nephritis	Undef

Other contributory causes of importance:

Carbuncle on neck	from 25/1937
Uremia	July 1 1937

Was an operation performed? Yes Date of July 7, 1937

For what disease or injury? Carbuncle

Name of operation Excision of Carbuncle

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hanken C. Blount M. D.

(Address) Johns Hopkins Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

#12746

SF

F 32538

CERTIFICATE OF DEATH

95-B

23

F 32538

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bartholomew Naughton or Knaughton

If U. S. Veteran specify WAR

(a) Residence: No. 709 Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1857 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Water Dept. of Balto. City

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date July 22 37

19. UNDERTAKER John J. Mitchell & Sons

(Address) 1960 Eutaw Place

20. FILED JUL 21 1937 Washington D.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1937, to July 17, 1937. I last saw him alive on July 17, 1937. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1935
Other contributory causes of importance: Bronchopneumonia	7-15-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Jerad Baker

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37539

CERTIFICATE OF DEATH

154 F 37539

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 36 11 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. life mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jerad Baker

(a) Residence: No. 3320 Fleet St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 14 1924

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
12	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Gerard Baker

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Russ

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Gerard Baker Father
(Address) 3320 Fleet St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 23 1937

19. UNDERTAKER Lilly & Zellerbach
(Address) 403 S. Paca St

20. FILED JUL 21 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-20-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-16-37, 19..., to 7-20-37, 19...

I last saw him alive on 7-20-37, 19... Death is said to have occurred on the date stated above, at 1 m. P

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute osteomyelitis with	
Septicemia	
Greater Evidence Left.	

Other contributory causes of importance:
Cardiac failure

Was an operation performed? Yes Date 7-16-37

For what disease or injury? Osteomyelitis

Name of operation osteotomy

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. S. Dickey M. D.

(Address) University Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37540

CERTIFICATE OF DEATH

37540 X 152

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Eleanor Knox

(a) Residence: No. Finksburg Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Defont

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Defont

6. DATE OF BIRTH (month, day, year) April 12, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co, Md.

FATHER

13. NAME Carl Knox

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Myra Paterson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Carl Knox
(Address) Finksburg, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Providence Cemty Date July 23, 37

19. UNDERTAKER C. M. Katz
(Address) Winfield, Md.

19 Registrar

JUL 21 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/21, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to July 21, 1937

I last saw h alive on July 20, 1937 Death is said to have occurred on the date stated above, at 2:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Birth injury & intra cranial hemorrhage	Birth
Other contributory causes of importance: Abscess right thigh	6/23/37
Hypoproteinemia - ? Etiology	7/15/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? C.P Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Physician, M. D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 F 32541

F 32541

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 N. Chester St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 32 yrs. mos. ds.

2. FULL NAME Luigi Dragonetti

If U. S. Veteran specify WAR

(a) Residence: No. 506 N. Chester St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 17 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Madeline

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Joseph Serazio

(Address) 506 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 7/22/37

19. UNDERTAKER Phillips Sterling Son

(Address) 216 Eastern Ave

Huntington Nebraska, M.D.

(Residence)

JUL 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1937, to July 19, 1937

I last saw him alive on July 19, 1937, 19. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 15 '37
Other contributory causes of importance: Arterio-Sclerosis	?

Was an operation performed? — Date of

For what disease or injury?

Name of operation — What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Joseph L. Valentine M. D.

(Address) 16 So Eutaw

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37542 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ F 37542

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6116 Belair Road St., 27-4 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John L. Beirel

If U. S. Veteran specify WAR

(a) Residence: No. 6116 Belair Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary F. Beirel (nee Schafer)

6. DATE OF BIRTH (month, day, year) July 10, 1868.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Beirel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosina Henrick

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary F. Beirel

(Address) 6116 Belair Road.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park (Date) July 22, 1937

19. UNDERTAKER Geo. A. Kuhn

(Address) 4101 Edmondson Ave.

20. FILED JUL 21 1937 19 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19th, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1936, to July 21st, 1937

I last saw him alive on July 18th, 1937. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Intestines — Date of onset

Other contributory causes of importance: Heart Failure

Was an operation performed? Yes Date of June 25 '37

For what disease or injury? Carcinoma Intestinal

Name of operation Abdominal, Exploratory

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robert E. Kirk, M. D.

(Address) 3126 Fayette St.

Information should be carefully supplied. Age should be stated in years. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE #25037

F 37543

CERTIFICATE OF DEATH

95-F 37543

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... Balto. City Hospitals St. 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

life

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Graves

(a) Residence: No. 210 Camden St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/16/1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	55	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hanover Market

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Allen

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 7-22 1937

19. UNDERTAKER J. J. Lahey & Son

(Address) 1317 Light St.

20. FILED JUL 21 1937 Registrar Washington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1937 to July 17, 1937

I last saw h.... alive on July 17, 1937. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1936

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. De Sautelle M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

E 37544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR None

2. FULL NAME Harlan R Snyder

(a) Residence: No. 206 S. 4th St., ... Ward. Catawissa Pa
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lois

6. DATE OF BIRTH (month, day, year) 7/25/77

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0966

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Henry M. Snyder

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Susanna Zartman

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Catawissa, Penna Date July 24/37

19. UNDERTAKER Stewart & Mowen Company
(Address) 102-20-South Wilkinsburg, Pa

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-7-37, 1937, to 7-21, 1937.

I last saw h. alive on 7-21, 1937. Death is said to have occurred on the date stated above, at 6:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Tuberculosis Pulmonary	
Urogenital Tract	

Other contributory causes of importance:

Was an operation performed? no Date of 7-16-37

For what disease or injury? Tuberculosis

Name of operation Nephrolithotomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) J. H. Lemmon M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 37545

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 15-8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3107 Garrison Av. St. 15-8 Ward)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Whitaker.

(a) Residence: No. 3107 Garrison Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Whitaker.

6. DATE OF BIRTH (month, day, year) Jan 23/1863.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Theodore Whitaker.

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Emily B. Brown.

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Blanche Kloch
(Address) 3107 Garrison Av.

18. BURIAL, CREMATION, OR REMOVAL
Place E. Sherman & Sons July 21st 1937

19. UNDERTAKER Forney Bros
(Address) 1639 Hanover St

20. FILED July 21 1937 Pennington Whitacre, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20th 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1936 to July 20th 1937

I last saw him alive on July 19 1937. Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with Auricular Fibrillation	3/4
Other contributory causes of importance: Arteriosclerosis	3/4

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) C. B. Ewson, M. D.

(Address) 4936 Park Hgts Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

L 21 1937

37546 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37546

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 826 Thaye St., 26-2 Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Burnett

If U. S. Veteran specify WAR .....

(a) Residence: No. 826 Thaye St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy Burnett

6. DATE OF BIRTH (month, day, year) 5/6/1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 5 do 1937

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

FATHER

13. NAME John Burnett

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Frances Fellows

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Dorothy Burnett

(Address) 826 Thaye St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 7/22, 1937

19. UNDERTAKER Isaiah L Bowman Son

(Address) 1618 W Pratt St

A. Lington Williams, MD Registrar.

20. FILED .....

JUL 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/19, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1937, to July 19, 1937

I last saw him alive on July 19, 1937 Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Apoplexy	July 31
Other contributory causes of importance: Arteriosclerosis hypertension	April 31

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. J. Hamill M. D.

(Address) 1619 W Pratt St

Instructions: Should be filled in carefully and completely. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37547 HEALTH DEPARTMENT—CITY OF BALTIMORE 37547

CERTIFICATE OF DEATH

25804 J.S. 136-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. City Hospt. St. 22-2 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ~~Louis Griffin~~ George Smith

If U. S. Veteran specify WAR

(a) Residence: No. 507 Burgundy St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B.	~~Married~~ Separated

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lelia ~~Griffin~~ Smith

6. DATE OF BIRTH (month, day, year) 4-5-1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Louis

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Fanny McNeal

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Edmond & Co Date 7/22/37

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Paca Street

19 Registrar.

JUL 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-21-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-17, 1937, to 7-21, 1937

I last saw him alive on 7-20, 1937. Death is said to have occurred on the date stated above, at 2A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Urinary extravasation with toxemia	7/17
	acute
Other contributory causes of importance: Urinary retention - cause unknown	unknown

Was an operation performed? Yes Date of 7/19 & 7/19/37

For what disease or injury? Urinary extravasation

Name of operation Incision & drainage - cystostomy

What test confirmed diagnosis? Surgery Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. E. Woodward, Jr. M. D.

(Address) Balto. City Hosp.

Huntington Williams M.D.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37548 CERTIFICATE OF DEATH ✓97 F 37548

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2722 Inglewood St. (Ward)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify W.A.R. No Record

2. FULL NAME Sarah A Dix

(a) Residence: No. 2722 Inglewood St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

3a. If married, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Samuel Dix

6. DATE OF BIRTH (month, day, year) Dec 9 - 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Crisfield Md

FATHER

13. NAME Gilbert Carman

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jane Ward

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Josephine Nelson

(Address) 2722 Inglewood Ave Crisfield Md

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury M.E. Cemetery Date

19. UNDERTAKER William Cook

(Address) 127 St Paul St

JUL 22 1937 ~~at Eastern Baltimore~~

Registrar

MEDICAL CERTIFICATE OF DEATH 8:00 AM

21. DATE OF DEATH (month, day, year) July 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 17 '37 to July 20 '37

I last saw her alive on July 20 '37. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Indef.	3 mos.
Cystourtis	7/18

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in ~~home~~, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If yes, specify

(Signed) R. K. Campbell M. D.

7/20/37 (Address) 1644 Hanover St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V63

32549 HEALTH DEPARTMENT—CITY OF BALTIMORE 32549

CERTIFICATE OF DEATH 82-a

Registered No.....

1. PLACE OF DEATH University Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 4-2 Ward)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. George W. Strobel If U. S. Veteran specify War

(a) Residence: No. 631 W. Fayette St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel Strobel

6. DATE OF BIRTH (month, day, year) Aug 24th 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Terminal Warehouse

10. Date deceased last worked at this occupation (month and year) 6/1/37

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) El Paso Ill

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ill

MOTHER

15. MAIDEN NAME ca

16. BIRTHPLACE (city or town) (State or country) ca

17. INFORMANT Mabel A. Strobel
(Address) 611 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date July 23rd 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED JUL 22 1937 Huntington Wilkerson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1937.

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1937, to July 20, 1937. I last saw him alive on July 20, 1937. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/18/37
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Joseph E. Beach M. D.
(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 F 32550

32550

1. PLACE OF DEATH ~~Johns Hopkins Hospital~~ 1627 - Abbott St

Registered No.

CITY OF BALTIMORE: (No. 1627 - Abbott St., 4 - 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Beatrice Kay

If U. S. Veteran specify WAR

(a) Residence: No. 1627 - Abbott St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Artis Kay

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Cato Poole

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Tamar Wheeler

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Artis Kay

(Address) ~~Johns Hopkins Hospital~~ 1627 - Abbott

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt Calvary Cem Date July 22 1937

19. UNDERTAKER Robert H. Wellington

(Address) 1515 Mosher St

19 Baltimore, Md

JUL 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1936 to July 19, 1937

I last saw h.e alive on July 13, 1937 Death is said to have occurred on the date stated above, at 1 20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma a Cervix uteri	July 1936

Other contributory causes of importance:

Pruritis

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. Bernard Brack M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37551

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37551

82-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 18, N Bond St., 6-5 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Serena Keene

(a) Residence: No. 18 N. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Keene

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	85		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dor Cheshire Co Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Dr

MOTHER

15. MAIDEN NAME Mary Bishop

16. BIRTHPLACE (city or town) (State or country) Dorchester Co

17. INFORMANT (Address) Johnie Keene 18 N Bond St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem Date July 22 1937

19. UNDERTAKER (Address) Robt W McLean 1515 McElderry St

Huntington Millburne Md

JUL 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 1937

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1937, to July 17, 1937

I last saw her alive on July 16 1937. Death is said to have occurred on the date stated above, at 9 30 P m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis — Date of onset

Other contributory causes of importance: Paralysis Duration 7 days — July 10

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. Edward Fisher M.D.

(Address) 1612 E Monument

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37552

CERTIFICATE OF DEATH

1186 E 37552

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospital St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran give WAR .....

2. FULL NAME John H. Todd

(a) Residence: No. 1919 Maxwell Ave St., Ward. Curundale

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucie V. Todd

6. DATE OF BIRTH (month, day, year) Feb 23 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Todd

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Whitmarsh

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Lucie V. Todd 1919 Maxwell Ave Curundale

18. BURIAL, CREMATION, OR REMOVAL Place Moreland Mem Date July 23 1937

19. UNDERTAKER (Address) John Welsh 2908 Orleans St

JUL 22 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. 10.20 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury July 19 1937

Where did injury occur? Balto Pure Rye Distilling Co, Curundale (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Plant in industry

Manner of injury Fell from scaffold

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hays Caraway M. D. Coroner

(Address) 1316 Hanover

V 8 6

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32553

CERTIFICATE OF DEATH

F 32553

Registered No. 9423

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 E. Federal St. 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME August Kollasch

(a) Residence: No. 2201 E. Federal St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~) of Elizabeth Kollasch

6. DATE OF BIRTH (month, day, year) July 27 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker W 3

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Kollasch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Jaeckel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Kollasch
(Address) 2201 E. Federal St

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date July 22 1937

19. UNDERTAKER John Welsh
(Address) 2008 Orleans St

FILED JUL 22 1937 Huntington Nathanson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:
Cardiac failure

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenken, M. D.
Coroner

(Address) 1919 E. North Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V 50

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37551

CERTIFICATE OF DEATH

7/31 F 37554

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1738 N. Gay St. 8-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Fellsing

If U. S. Veteran specify WAR .....

(a) Residence: No. 1738 N. Gay St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest Fellsing

6. DATE OF BIRTH (month, day, year) Oct 21 - 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Moan

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Frakenwalde

(Address) 1738 N. Gay St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date July 23 1937

19. UNDERTAKER John Ahearn

(Address) 2008 Orleans St

20. FILED JUL 22 1937 Lexington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 10, 1935 to July 19, 1937

I last saw h[illegible] alive on July 19, 1937. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Tubercular Laryngitis	1/10/35
Cancer Laryngis	
Bilateral Hypostasis	7/15
Other contributory causes of importance:	
Cyanosis and Uremia	3 days prior

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Microscopic & Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Eisenberg M. D.

(Address) 2025 E. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 3 3

F 37555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18 F 37555

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James [illegible] Tripp

If U. S. Veteran specify WAR .....

(a) Residence: No. 721 George St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) About 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 45+			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ga.

FATHER

13. NAME ? Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME ? Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records of Baltimore City Hospt.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date July 22 1937

19. UNDERTAKER Fullerton & Stokes + Son

(Address) North + Penna Aves.

JUL 22 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1937, to July 20, 1937

I last saw him alive on July 20, 1937. Death is said to have occurred on the date stated above, at 8 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	7-13-37
Other contributory causes of importance: Bronchopneumonia	7-17-37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Lautelle, M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37556

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37556

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 Cyrd Spring Lane 37-10 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Moore Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 812 Cyrd Spring Lane Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H Smith

6. DATE OF BIRTH (month, day, year) Oct 28-1889

7. AGE Years 47 Months 8 Days 22 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as [redacted] mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Horace Moore

14. BIRTHPLACE (city or town) (State or country) Warrenton Va

MOTHER

15. MAIDEN NAME Mary Moore

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Herbert Moore

(Address) 625 Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Cem Date July 22 1937

19. UNDERTAKER Mrs P. E. Elliott & Daughter

(Address) 1129 N. Caroline St.

JUL 22 1937 Lexington Williams MD

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19. 1937

22. I HEREBY CERTIFY, That I attended deceased (from July 11 1937 to July 19, 1937

I last saw h[redacted] alive on July 19 1937 Death is said to have occurred on the date stated above, at 11.30 A.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemmorhage — Date of onset July 11 1937

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Address) 509 Lexington St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 37557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37557

95-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Volunteers of America Hosp (St.) ..... (Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. John P. Doyle

If U.S. Veteran specify WAR .....

(a) Residence: No. 2 W. Madison St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 17 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Agent for Insurance Co

9. Industry or business in which work was done, as mill, saw mill, bank, etc. Mutual Life Ins Agency

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Nashua New Hampshire

FATHER

13. NAME John P Doyle

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Moran

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Elizabeth McCarren

(Address) 1301 Massachusetts Ave N.W. Washington DC

18. BURIAL, CREMATION, OR REMOVAL

Place Nashua New Hampshire July 24 1937

19. UNDERTAKER Harry T. Hindmarsh

(Address) 4204 Ridgewood Ave

JUL 22 1937 Clayton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to July 22, 1937

I last saw him alive on July 22, 1937 Death is said to have occurred on the date stated above, at 1:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	1930
Cerebral Hemorrhage	7/18/37
Bronchopneumonia	7/18/37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so specify .....

(Signed) Leonard Hummel M. D.

(Address) U.S. Veterans Hosp 418 W Lexington St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37558

CERTIFICATE OF DEATH

F 37558

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Casey

1a) Residence: No. Dechester, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 18, 1937.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		3 +	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) University Hosp. Balto, Md.

FATHER

13. NAME Benj. Franklin Casey

14. BIRTHPLACE (city or town) (State or country) Dechester, Md.

MOTHER

15. MAIDEN NAME Lucille Shifflett

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Father
(Address) Dechester, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Dechester Md. Date 7-22-1937

19. UNDERTAKER F. C. Heinbothom
(Address) Cambridge City Md.

JUL 27 1937

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1937.

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1937. to July 22, 1937.
I last saw him alive on July 22, 1937. Death is said to have occurred on the date stated above, at 2:00 A.M.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset: .....

Congenital Atelectasis — Date of onset: .....

Other contributory causes of importance:

Eclampsia (mother) — Date of onset: .....

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. Savage M. D.

(Address) Univ. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37559

CERTIFICATE OF DEATH

1/22-A F 37559

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3806 Chatham Road St. 15-10 Ward.

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Bosley Ensor

(a) Residence: No. 3806 Chatham Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle Henderson

6. DATE OF BIRTH (month, day, year) Dec 3.1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Wm. D. Ensor

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Elizabeth Daniels

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Estelle Elmer
(Address) 3806 Chatham Road

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date July 23.1937

19. UNDERTAKER John Quitsfull Sons
(Address) 1900 Eutaw Place

Huntington Williams, M.D.
Registrar.

JUL 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20.1937

22. I HEREBY CERTIFY, That I attended deceased from July 16 1937 to July 20 1937

I last saw him alive on July 20 1937. Death is said to have occurred on the date stated above, at 6.30 m.

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction — Date of onset

Other contributory causes of importance:

Strangulated hernia

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. A. Lloyd M. D.

(Address) 2232 Eutaw Place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37560 F 37560

CERTIFICATE OF DEATH

47-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John C. Key

(a) Residence: No. 310 Myrtle Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Key

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N.C.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Carville Turner
(Address) 1831 Vine St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date July 23, 1937

19. UNDERTAKER Mrs Katie R. Williams
(Address) 1837 Division St.
FILED JUL 22 1937 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of L.Lung	
Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. C. Nelson, M. D.
Coroner

(Address) 3757 E. Lanvale St.

VS6

Information should be carefully supplied. Any blanks not filled out will delay burial permit. Exact statement of cause of death in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

37561

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37561

CERTIFICATE OF DEATH

V92-a

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. Registered No. 36-7

CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. 7 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR World War

2. FULL NAME William Vogel

(a) Residence: No. 323 S. Lehigh St., Balto. Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Ellen Schoben Vogel

6. DATE OF BIRTH (month, day, year) Dec. 4, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cone Shop

10. Date deceased last worked at this occupation (month and year) July 1928

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Frederick Vogel

14. BIRTHPLACE (city or town) (State or country) ? Germany

MOTHER

15. MAIDEN NAME Mary Kusberger

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Records- U.S. Marine Hospital
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date 7/24, 1937

19. UNDERTAKER Hugh G. Connelly
(Address) Essex, Md.

20. FILED JUL 27 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1937 to July 21, 1937

I last saw him alive on July 21, 1937 Death is said to have occurred on the date stated above, at 4:02 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, valvular, aortic stenosis	unknown
Cardiac disease, endocarditis, sub acute, bacteral	6-11-37

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) T. B. H. Anderson, M. D.
(Address) U.S. Marine Hospital, Balto. Md.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-F 37562

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2810 St Paul St., 12-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Theresa McAndrews

If U. S. Veteran specify WAR

(a) Residence: No. 2810 St Paul St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/23/1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Bartholomew McAndrews

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen A Sheehan

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Julia McAndrews

(Address) 2810 St Paul

18. BURIAL, CREMATION, OR REMOVAL Mem Park Date 7/23/37

19. UNDERTAKER Chas J Forbes & Son

(Address) 1315 Linden Ave

19a. [illegible] 1937 Huntington Hillcrest, W. Va.

(Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1937 to July 21, 1937

I last saw h. W. alive on July 20, 1937. Death is said to have occurred on the date stated above, at 12:45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1931
Other contributory causes of importance:	
Acute Cardiac Substation	7/20/37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos L. Underhill, M. D.

(Address) 2112 Maryland Avenue

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32563 CERTIFICATE OF DEATH X√121 F 32563

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 12-2 Ward)

Length of residence in city or town where death occurred — yrs. — mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR None

2. FULL NAME Mr Basil Wagner

(a) Residence: No. Garrison, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Webb Wagner

6. DATE OF BIRTH (month, day, year) June-5-1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Warfield-Rosin Co

10. Date deceased last worked at this occupation (month and year) April 1937

11. Total time (years) spent in this occupation 35 years

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Basil Wagner

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Motley Fisher

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs Carrie W. Wagner (wife)
(Address) Garrison Md.

18. BURIAL, CREMATION, OR REMOVAL Place St Thomas-Garrison Cemetery Date 7-23-37

19. UNDERTAKER Stewart H Owens Co.
(Address) 108 W North Ave.

20. Filed JUL 27 1937 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1937, to July 21, 1937

I last saw him alive on July 21, 1937. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adynamic Ileus	7-18-37
Gangrenous Appendicitis	7-16-37
Diabetes Mellitus	?

Other contribntory causes of importance:

Was an operation performed? Yes Date of July 16, 1937

For what disease or injury? Acute Gangrenous Appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Frank M. Weaver, M. D.

(Address) Union Memorial Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37564 CERTIFICATE OF DEATH 94-3F 37564

Registered No.

1. PLACE OF DEATH N. Royal and Maryland ave
CITY OF BALTIMORE: (No. 1 St. 28-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No

2. FULL NAME Leonard Kinzel

(a) Residence: No. 361/2 Woodbine ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ena May King

6. DATE OF BIRTH (month, day, year) March 15 1876.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Binder Factory Shop

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 7/21/37

11. Total time (years) spent in this occupation 36 Yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Lewis King

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Sarah Meyers

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Jacob King
(Address) 361/2 Woodbine ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem State July 24 1937

19. UNDERTAKER Peterson & Son
(Address) 24 N. Eutaw St.

FILED JUL 27 1937 19 Lexington Phillips, Asst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above at about 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harry Crowe M. D.
Coroner

(Address) 126 Hanover

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

37565 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 37565

CERTIFICATE OF DEATH X 122-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp St., 11-3 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

If U. S. Veteran specify WAR .....

2. FULL NAME August W. Wildberger

(a) Residence: No. 6712 Harford Road St., ... Ward. Hamilton 23

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Jane M. Wildberger

6. DATE OF BIRTH (month, day, year) Jan 2 1876

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
61	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hardware

10. Date deceased last worked at this occupation (month and year) February 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Jacob Wildberger

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Hafele

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Jane M. Wildberger

(Address) 6712 Harford Road

18. BURIAL, CREMATION, OR REMOVAL

Place St. Johns Cem Date July 24th 1937

19. UNDERTAKER Fredk. Lassahn & Son

(Address) 740 Belair Rd.

20. FILED Huntington Williams, Registrar

22 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1937, to July 21, 1937

I last saw him alive on July 21, 1937. Death is said to have occurred on the date stated above, at 7:55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	unknown
Pleurisy, Sero-Purulent	3 days
(Primary)	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 7-21-37

For what disease or injury? Lobar Pneumonia

Name of operation Thoracentesis

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Charles L. Wood M. D.

(Address) 3317 Everton Road

F 37566

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37566

CERTIFICATE OF DEATH

X ✓ 173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Petty

If U. S. Veteran specify WAR

(a) Residence: No. 220 9th Roanoak Va. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Not Known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va,

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date JUL 22 1937

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED 19 [illegible]

VSR 3372

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound of Chest	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Monicise Date of injury July 17, 19.....

Where did injury occur? 127 Cheapside St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Shot by Officer with

Nature of injury Pistol

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. R. Cullen M. D.

Coroner

(Address) 757 N. Monroe

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37567

HEALTH DEPARTMENT—CITY OF BALTIMORE

37567

CERTIFICATE OF DEATH

24975 V 95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth 66 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jack Montalto

(a) Residence: No. 4208 Park Heights Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agetha Montelto

6. DATE OF BIRTH (month, day, year) April 3 1865?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME John Montalto

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 23, 1937

19. UNDERTAKER Frank V. Pepitone
(Address) 281 E. Baltimore

20. FILED JUL 22 1937 Harrington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1937, to July 20, 1937. I last saw h[illegible] alive on July 20, 1937. Death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	7-13-37
Other contributory causes of importance: Bronchopneumonia	7-13-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. L. De Lauttle, M. D.

(Address) Baltimore City Hospitals

State whether birth of this person was registered. If not, have informant see OCCUPATION is very important. See instructions on back of certificate.

F 37568

F 37568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. 13-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 850 W. 36 th St. ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME George L Beyer Sr.

(a) Residence: No. 850 W. 36 th St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Treadwell Beyer

6. DATE OF BIRTH (month, day, year) January 4, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired, Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10+

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Alfred Beyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary A. Carter

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT George L. Beyer Jr.
(Address) 1512 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Hampden July 23, 37

19. UNDERTAKER C. Richard Fleming
(Address) 613 Homestead St.

JUL 22 1937 Huntington Hilltops, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1933, to July 20, 1937

I last saw him alive on July 20, 1937 Death is said to have occurred on the date stated above, at 9.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Feb 1933
Myocardial Insufficiency	July 8, 37

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Edward Dudley Lowry M. D.

(Address) 850 W 36 St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 37569

F 37569 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 133-a

1. PLACE OF DEATH: Baltimore City Hospitals
CITY OF BALTIMORE: (No.) Bay View St., 15 Ward

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. 2 mos. ✓ ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Hilda Rogers

(a) Residence: No. 1342 Stockton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 22 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	2	✓	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER
13. NAME Joseph Bailey
14. BIRTHPLACE (city or town) (State or country) Rappahannock River Virginia

MOTHER
15. MAIDEN NAME Molly Neil
16. BIRTHPLACE (city or town) (State or country) Rappahannock River Virginia

17. INFORMANT James Rogers
(Address) 1342 Stockton St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date 7/26/37

19. UNDERTAKER T. E. Kelson
(Address) 1202 Pressman St

20. FILED Huntington Wilhelm

JUL 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23 1937, 19

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy and that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Abscess of both Kidneys	June 1937
Toxemia	

Other contributory causes of importance: Multiple Fibroids of Uterus

Was an operation performed? No ✓ Date of .....

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19 ..

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Chas. W. Wood, Coroner, M. D.

(Address) 1712 N. Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37570

339147

95-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 7-5 (Ward)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Hill

(a) Residence: No. 6308 Homer St St., Ward. Cedar Hgts Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4-17-23

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga

FATHER

13. NAME Leroy Hill

14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Sarah Wilcher

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Washington D.C. Date 7/24/ 1937

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St

20. FILED 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1937, to July 22, 1937

I last saw her alive on July 22, 1937. Death is said to have occurred on the date stated above, at 2.05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	April 1937
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify

(Signed) R Carmichael Filby M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 23 1937

37571

HEALTH DEPARTMENT—CITY OF BALTIMORE

37571

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital — Registered No. 107-a

CITY OF BALTIMORE: (No. Garrett Pl. St., 12-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Sarella May Cook — If U. S. Veteran specify WAR

(a) Residence: No. Church Hill Md St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	15.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Church Hill Md

FATHER

13. NAME Fleshman Cook

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Elizabeth M. Stant

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Residence Removal Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Centreville Md Date 7-24- 1937

19. UNDERTAKER Barton Bros

(Address) Centreville Md

20. FILED Huntington Williams, M.D.

JUL 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came

... the death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John L. Evans, M. D. Coroner

(Address) Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37-37572 | 16 F 37572

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 1-2 St., Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Margaret L. Niemiller

If U. S. Veteran specify WAR

(a) Residence: No. 35 S Curley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/6/26

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	10	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm Niemiller

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lucille Carey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date July 23, 1937

19. UNDERTAKER HENRY SANDER & SONS, INC. George C. Sander

(Address) Baltimore & Broadway

20. FILED JUL 23 1937 Harrington Williams, M.D.

U. S.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1937 to July 21, 1937

I last saw her alive on July 20, 1937. Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Poliomyelitis	7-14-37
Other contributory causes of importance: Respiratory paralysis	7-19-37

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? C. S. F. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert Ward, M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32573

25132-96-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Caesar Green

(a) Residence: No. 835 S. Dallas St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Green

6. DATE OF BIRTH (month, day, year) Aug 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53 78	11 10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Julia ?

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date July 24 1937

19. UNDERTAKER Robert Medairy
Address 1515 McCulloh St

Huntington Williams & Co

JUL 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1937, to July 21, 1937

I last saw him alive on July 21, 1937. Death is said to have occurred on the date stated above, at 9:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. de Santalle, M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37574

CERTIFICATE OF DEATH

112 F 37574

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1425 William St. 24-3 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John P. WEBER

If U. S. Veteran specify WAR

(a) Residence: No. 1425 William St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 20th 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Andrew WEBER

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mary Kratz

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Elizabeth M. Delaney

(Address) 1425 William St.

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Cem. Date 7-24th-1937

19. UNDERTAKER Bernard C. Harle

(Address) 121 E. West St.

20. FILED JUL 23 1937

[signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21st 1937

22. I HEREBY CERTIFY, That I attended deceased from July 16 1937 to July 21 1937

I last saw him alive on July 21 1937 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	5 days
Other contributory causes of importance: Bronchial asthma	2 wks

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

(Address) 1279 Eutaw Pl

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37575

CERTIFICATE OF DEATH

F 37575

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 S Charles St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena. Muhly.

If U. S. Veteran specify WAR

(a) Residence: No. 1115 S Charles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Geo. E. Muhly.

6. DATE OF BIRTH (month, day, year) DEC 22 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	6	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Conrad. Fuchs

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Geo E Muhly

(Address) 1115 S Charles St

18. BURIAL, CREMATION, OR REMOVAL Emmanuel Cem. Date 7-24 1937

19. UNDERTAKER Mrs Chas A G Rohde

(Address) 2327 Edmondson Ave

20. FILED JUL 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/19/37, 19..., to 7/21/37, 19... I last saw h.. alive on 7/21/37 11:38 P.M. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/19/37
Other contributory causes of importance:	
Hypertension	one ye
Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac Muhly M. D.

(Address) 1228 S. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

F 37526 — F 37576

1. PLACE OF DEATH

County Balto — Registration Dist. No. 59

Village or City Govans — (If death occurred in a hospital or institution, give its NAME instead of street and number) Mercy Villa — No. 1400 St. — Ward

Length of residence in city or town where death occurred yrs. mos. 2 ds. — How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E Quinn

(a) Residence: No. 1404 Inf Royal Ave St. — Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. — 4. COLOR OR RACE W. — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a. If married, widowed, or divorced (or) WIFE of John Quinn

6. DATE OF BIRTH (month, day, and year) 1869

7. AGE — Years 68 — Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Walsh

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Nappy Lavalle

16. BIRTHPLACE (city or town) (State or country) Ire.

17. INFORMANT Rev. J. Wilfrid Quinn

(Address) 3600 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL Place H. Mansion Date July 24, 1937

19. UNDERTAKER John A. Ingram

(Address) 3600 E. Balto St.

20. FILED , 19 — Huntington Williamson, M.D.

L. 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 7 (Month) / 24 (Day) / 1937 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 7/ 1/ 37, 19 , to 7/24/37, 19

I last saw h[illegible] alive on 7/20/37, 19 ; death is said to have occurred on the date stated above, at 7 A.M.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Coronary Thrombosis — Date of onset

Arteriosclerosis Fibrillation

Myocarditis

Other **Contributory Causes** of importance:

Diabetes Mellitus

& Arteriosclerosis

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Chas. Fenwick M. D.

(Address) 4706 Harford Road

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

THIS is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37577

CERTIFICATE OF DEATH

23 F 37577

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Tyler Parker

(a) Residence: No. 1705 Presbury St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy

6. DATE OF BIRTH (month, day, year) Aug. 23, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Alex

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unice Haley

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Pleasant Rest Date 7/23/37

19. UNDERTAKER Mrs. George H. Holland
(Address) 1651 Druid Hill Ave

20. FILED 19 JUL 23 1937 Lexington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 7, 1935 to July 21, 1937

I last saw him alive on July 21, 1937 Death is said to have occurred on the date stated above, at 12:20 P.M.

The prinripal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs — Date of onset June 1935

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leo M. Curtis M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37578

CERTIFICATE OF DEATH

Registered No. 1223

1. PLACE OF DEATH Johns Hopkins Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 17-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Nickens

(a) Residence: No. 423 E Penna ave St., ... Ward. Towson Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence

6. DATE OF BIRTH (month, day, year) 8-6-90

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME James Nickens

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Frances Dungerfeld

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records (Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL. Place Laurel Cemetery Date 7/24/37

19. UNDERTAKER Mrs. George E. Rollet (Address) 1611 E. Lind Ellwood

JUL 23 1937 Huntington Millwood, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1937 to July 21, 1937

I last saw him alive on July 21, 1937 Death is said to have occurred on the date stated above, at 8.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	7, 15, 37
Pneumonia (Lobar)	7, 20, 37
Other contributory causes of importance:	

Was an operation performed? Yes Date of 7/18/37

For what disease or injury? Acute Intestinal Obstruction

Name of operation Relief of obstruction of small intestine due to adhesions

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul A. Kimball, M. D.

(Address) The Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37579

CERTIFICATE OF DEATH

9 F 37579

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 5th Ward)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel (Stanley) Dawson

(a) Residence: No. 630 N Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 11, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Marcus Dawson

14. BIRTHPLACE (city or town) (State or country) Enfield N.C

MOTHER

15. MAIDEN NAME Pearn Jenner

16. BIRTHPLACE (city or town) (State or country) Enfield N.C

17. INFORMANT Mother

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 7/23 1937

19. UNDERTAKER Wright-Hewett Co. Inc

(Address) 1120 Druid Hill Ave.

FILED JUL 23 1937 Huntington Williamsport Md

VS 3

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1937 to July 21, 1937

I last saw him alive on July 21, 1937. Death is said to have occurred on the date stated above, at 2:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	7-18-37
Diarrhea & enteritis	7-20-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis J. Schweucher M. D.

(Address) Sydenham Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

37580

CERTIFICATE OF DEATH

131 F 37580

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 N. Chappel St. 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M. Paulus

If U.S. Veteran specify WAR

(a) Residence: No. 102 N. Chappel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 4 - 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Jacob Paulus

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marg. Steuer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Eva. Paulus (Address) 120 N Chappel

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date July 24 1937

19. UNDERTAKER Geo. M. Frutchey Son (Address) 811 N Wolfe St

JUL 23 1937

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) July 22nd 1937

I HEREBY CERTIFY, That I attended deceased from June 28 1937 to July 22 1937

I last saw her alive on July 21 1937. Death is said to have occurred on the date stated above, at 9a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Nephritis	1 yr
Other contributory causes of importance: Pulmonary Edema	1 wk

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

I Certify Edward Bond M. D.
(Signed)
4137 Fredrick Ave
(Address)

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37581

CERTIFICATE OF DEATH

48 F 37581

24349--EF

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Inez Dixon

(a) Residence: No. 1516 E. Monument St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Separated

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Albert

6. DATE OF BIRTH (month, day, year) 2-28-1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Albert Langston

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Molly Lanier

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 7/23/37
Joseph D. Locke
19. UNDERTAKER 1303 Lafayette Ave.
(Address)

JUL 23 1937

Clayton Williams, M.D.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-17-1937

22. I HEREBY CERTIFY, That I attended deceased from 6-11-1937 to 7-17-1937

I last saw her alive on 7-17-1937 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma cervix	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. L. Woodward Jr. M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

F 37582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-a F 37582

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 Race ST. 16-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wesley Johnson

(a) RESIDENCE No. 1514 Race ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C.

5 Single, Married, Widowed, Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Maggie Johnson

6 DATE OF BIRTH (month, day, and year): 5/24/1850

7 AGE: Years 87; Months 2; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (City or town) (State or country): Orangeburg S.C.

PARENTS

10 NAME OF FATHER: Wm. Johnson

11 BIRTHPLACE OF FATHER (City or town) (State or country): S.C.

12 MAIDEN NAME OF MOTHER: Mc Known

13 BIRTHPLACE OF MOTHER (City or town) (State or country): S.C.

14 Informant (Address): Maggie Johnson 1514 Race

15 Filed JUL 23 1937, 19 Registrar: Huntington Williams M.D.

L 23 1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 22, 1937

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1937, to July 22, 1937.

That I last saw him alive on July 22, 1937

and that death occurred, on the date stated above, at 7:00 P. m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. D. Taylor M. D.

, 19 (Address) 1522 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Orangeburg S. C.

DATE OF BURIAL: July 24, 1937

20 UNDERTAKER: Sam'l H. Chase Son

ADDRESS: 638 N. Gilmor

TION is very important. See instructions on back of certificates.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37583 — CERTIFICATE OF DEATH — 213 F 37583

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Found floating in the water of 7-3

CITY OF BALTIMORE: (No. Obrecht Lynch Co. Key Highway Ward)

Length of residence in city or town where death occurred 14 yrs. — mo. — ds. How long in U. S. If of foreign birth 15 yrs. — mos. — ds.

If U. S. Veteran specify WAR ____

2. FULL NAME Nick Vlahos.

(a) Residence: No. 727 S. Broadway. St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	42	-----	-----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tug "Maryland"

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Varigo --------

16. BIRTHPLACE (city or town) (State or country) Greece.

17. INFORMANT Anton De Mitri.
(Address) 727 S. Broadway.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date July 23 1937

19. UNDERTAKER J. Francis Reese
(Address) Westminster Md.

20. FILED Huntington Williams M.D.
Registrar

UL 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Missing July 19, 1937 found July 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	
probably accidental.	

Other contributory causes of importance:

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ____

(Signed) Otto Reinhardt M. D.
Coroner

7/23/37 (Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37584

37584

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Janet Taylor

(a) Residence: No. 714 Sharp St Balto. Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 21-36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Eliza Taylor

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Mattie Sims

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Mattie Taylor (Address) 714 Sharp St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date July 24 37

19. UNDERTAKER James A. Kemp (Address) 1[illegible] Pennsylvania Ave

Registrar.

JUL 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22- 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-16-37, 19..., to 1-22-37, 19...

I last saw h[illegible] alive on July 22, 1937. Death is said to have occurred on the date stated above, at 7:45 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Meningitis	
Pneumonia	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh B. McNally M. D.

(Address) University Hosp.

OCCUPATION is very important. See instructions on back of certificate.

37585

HEALTH DEPARTMENT—CITY OF BALTIMORE 37585

CERTIFICATE OF DEATH

37585

Registered No. 210-M

1. PLACE OF DEATH Provident Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 15-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Dorsey If U. S. Veteran specify WAR

(a) Residence: No. 613 Calvert St., Baltimore Md (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) May 11-1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samuel Dorsey

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rachael Lewis

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Rosie Wilson Daughter (Address) 655 Lemon St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvery Cem Date July 23 1937

19. UNDERTAKER Mrs R. A. E. Elliott-Daughter (Address) 1927 N. Carolina St.

JUL 23 1937

20. Filed ... 19 ... Registrar Huntington Williams, M.D.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held the (Inquest, Attorney or Inquest) thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance: Fx Ribs - Tibia & fibula	(Op)

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Acc Date of injury 7/17/37

Where did injury occur? (Specify city or town, county, and State) Pa Ave

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Auto Bus

Nature of injury Fx Rib Crossing Street

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Herbert Gentry Auto M. D. Coroner

(Address) 912 N. Charles

37586

HEALTH DEPARTMENT—CITY OF BALTIMORE

37586

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3600 Parkside Drive St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Ewald

If U. S. Veteran specify WAR .....

(a) Residence: No. 3600 Parkside Drive St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of August L. Ewald

6. DATE OF BIRTH (month, day, year) April 26, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME August Orth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina Ritter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT August L. Ewald
(Address) 3600 Parkside Drive

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 7-24, 1937

19. UNDERTAKER Frederick A. Cole
(Address) 1300 W Lombard St

20. FILED JUL 23 1937 Registrar. Huntington Williams, MD

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-20, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1937, to July 14, 1937

I last saw h[er] alive on July 14, 1937 Death is said to have occurred on the date stated above, at 4:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo H Monastero, M. D.

(Address) 733 Hampstead Ave

37587 E 37587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37587 24-3 95B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Agnes Hospital Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME Sergt. Robert Kammer.
(a) Residence: No. 1238 Battery Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of - Mrs Ella Kammer (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 11, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Sergt.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER
13. NAME John Kammer
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Pauline Bauhof
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Ella Kammer
(Address) 1238 Battery ave

18. BURIAL, CREMATION, OR REMOVAL. Date July 26 1937
Place London Park Cem

19. UNDERTAKER Margrit & Flynn
(Address) 210 N. Milton Ave

20. FILED 19 ... Registrar.
JUL 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22 1937

22. I HEREBY CERTIFY, That I attended deceased from July 19th 1937 to July 22nd 1937
I last saw him alive on Thursday July 22 1937 Death is said to have occurred on the date stated above, at 7:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracerebral hemorrhage.	7-17-37.
Hypertensive arteriosclerotic	
Cardio-vascular disease	
Cerebral Thrombosis	

Other contributory causes of importance:

Was an operation performed? no Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Owen J. Healy M. D.
(Address) St. Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

331 987

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37588

CERTIFICATE OF DEATH

10-2W F 37588

10 12 35 B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., H2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jethrow Thomas or Gethrow Thomas If U. S. Veteran (Specify WAR)

(a) Residence: No. 1028 E Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-25-97

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C.

FATHER

13. NAME James Thomas

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Lucy Rue

16. BIRTHPLACE (city or town) (State or country) S.C

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem Date 7-24-1937

19. UNDERTAKER Bryson Dramp & W. Wright
(Address) 2180 MC Elderry St

20. FILED JUL 27 1937 Lexington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July-21, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1937 to July 21, 1937

I last saw h. alive on July 21, 1937 Death is said to have occurred on the date stated above, at 11.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute intestinal Obstruction	7/16/37
Pneumonia (Lobar)	7/20/37

Other contributory causes of importance:

Was an operation performed? Yes Date of 7/17/37

For what disease or injury? acute intest. obstruction.

Name of operation Exploratory Lap. releasing adhesions resection of ileum lateral Anastomosis

What test confirmed diagnosis? Obstr. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul A Kimbel M. D.

(Address) Johns Hopkins Hospital

VS-2

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37589

CERTIFICATE OF DEATH

27-1-MVT 37589
107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6001 Charlesmead Road St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clara Alice Hunsicker Murray

If U. S. Veteran specify WAR .....

(a) Residence: No. 6001 Charlesmead Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rev. John Gardner Murray

6. DATE OF BIRTH (month, day, year) Sept 8. 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Forestville Md

FATHER

13. NAME Isaac Kull Hunsicker

14. BIRTHPLACE (city or town) (State or country) Allentown Pa.

MOTHER

15. MAIDEN NAME Barbara Groff

16. BIRTHPLACE (city or town) (State or country) Buffalo N.Y.

17. INFORMANT John F. Murray

(Address) 6002 Charlesmead Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date July 24 1937

19. UNDERTAKER John Mitchell Sons

(Address) 1900 Eutaw Place

Huntington Williams, Inc

JUL 23 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1937, to July 23, 1937

I last saw h[illegible] alive on July 22, 1937 Death is said to have occurred on the date stated above, at 4.0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cerebral Arteriosclerosis	

Other contributory causes of importance:

Myocardial Insufficiency	
Broncho Pneumonia	7/21/37

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? WE Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, [illegible]

(Signed) Chas. W. Cairnes M. D.

(Address) 9 E Chase St

331629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37590 F 37590

7-5 53-E

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Owen Dean

(a) Residence: No. 2134 Wisconsin ave St., ... Ward. Wash D C
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12-26-74

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash D C

FATHER

13. NAME Dean - Mills

14. BIRTHPLACE (city or town) (State or country) S C.

MOTHER

15. MAIDEN NAME Anna Fearon

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records Johns Hopkins Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hollywood Park Date July 23 1937

19. UNDERTAKER Lowe Undertaking Co
(Address) 1950 Eutaw Place

20. FILED Huntington Williams M.D.

JUL 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1937 to July 22, 1937

I last saw her alive on July 22, 1937 Death is said to have occurred on the date stated above, at 10.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of unknown origin & Metastasis (generalized)	9-1933
Other contributory causes of importance: Hemorrhage from g-i tract	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R Carmichael Tilghman, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 37591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH From Stmr. "Dixie"

CITY OF BALTIMORE: (No. off Quarantine Station St. 26-7 Ward)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 0 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Marie L. Collette.

(a) Residence: No. 519 Oldham St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of William E. Collette

6. DATE OF BIRTH (month, day, year) December 8, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Knoxville, Tenn.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Marie Rogers. (daughter)

(Address) 519 Oldham St.

18. BURIAL, CREMATION, OR REMOVAL

Place Knoxville Tenn. Date July 23 1937

19. UNDERTAKER John J. Connelly

(Address) Essex Md

20. FILED 19 ..... Registrar

JUL 23 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Found July 21, 1937 July 22, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning.	
Probably accidental.	

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Probably accidental 7/21/37 Date of injury .....

Where did injury occur? Off Stmr. "Dixie" (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Fall overboard

Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased? .....

If not specify .....

(Signed) ..... M. D.

7/23/37 (Address) 1017 S. Charles St. Coroner

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37592 CERTIFICATE OF DEATH 133 F 37592

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hospital St. 15-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Merson

(a) Residence: No. 3904 Edgewood St. Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa A Merson

6. DATE OF BIRTH (month, day, year) Nov. 5-1874

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	8	17/8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oasell Co.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 40 Yr

12. BIRTHPLACE (city or town) (State or country) Laurel Md.

FATHER

13. NAME Boaz Merson

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

MOTHER

15. MAIDEN NAME Rachel Whitehead

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

17. INFORMANT Thomas Merson

(Address) 3904 Edgewood

18. BURIAL, CREMATION, OR REMOVAL

Place Lot Laurel Md Date 7-24-37

19. UNDERTAKER Wm Cook

(Address) 1219 E Fayette St

Huntington Williams, Md

Registrar.

JUL 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 20 1937 to July 22 1937

I last saw h. alive on July 22 1937 Death is said to have occurred on the date stated above, at 9.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephrosis, bilateral	7/37?
Hemorrhagic cystitis	7/37
Uremia	7/24/37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harwood B Mays M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37593 CERTIFICATE OF DEATH 128 F 37593

1. PLACE OF DEATH Md. Gen'l Hosp. 12-3

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Charles Stuck If U. S. Vet. specify WAR No Record

(a) Residence: No. 2414 Barclay St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Stuck

6. DATE OF BIRTH (month, day, year) Sept - 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter $.50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housepainter

10. Date deceased last worked at this occupation (month and year) June 1937

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph Stuck

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Sallie Thomas

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Vernon C. Stuck
(Address) 3806 Old York Rd, Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date July 24 - 37

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

[illegible] Huntington Ave Baltimore, Md

JUL 23 1937

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1937 to July 22, 1937

I last saw him alive on July 20, 1937. Death is said to have occurred on the date stated above, at 7.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pancreatitis	6/23/37
Other contributory causes of importance:	

Was an operation performed? Yes Date of June 26 1937

For what disease or injury? Acute Cholecystitis & Acute Pancreatitis

Name of operation Cholecystostomy

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Feldman, M. D.

(Address) Maryland Gen'l Hosp.

F 37594

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37594

CERTIFICATE OF DEATH

Registered No. 24695-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. 26 mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emidio Zizzi

(a) Residence: No. 629 S. Potomac St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martha

6. DATE OF BIRTH (month, day, year) 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME ?
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer July 24 37
Place Date

19. UNDERTAKER Lilly & Zeiler
(Address) 403 E. Fayette

20. FILED 19 Registrar.

L 23 1937 Lexington, Millard & Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1937, to July 22, 1937.
I last saw him alive on July 22, 1937. Death is said to have occurred on the date stated above, at 12:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Unknown
Other contributory causes of importance:	
Cerebral failure	June 1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Attending Physician

OCCUPATION is very important. See instructions on back of certificate.

F 37595

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37595

CERTIFICATE OF DEATH

V 160-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) The Johns Hopkins Hospital St., B 25 Ward) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Brooks

If U. S. Veteran specify WAR .....

(a) Residence: No. The Johns Hopkins Hospital St., B 2527 Hollins Ferry Rd Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 18, 1937

7. AGE	Years	Months	Days 1	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Herman Brooks

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Myrtle Thigpen

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date JUL 23 1937

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address) Huntington Williams, MD

20. FILED JUL 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1937, to July 19, 1937

I last saw him alive on July 19, 1937. Death is said to have occurred on the date stated above, at 11 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra-cranial injury	7-18-37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) E. W. Overstreet M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 3

3574 1C

37596

HEALTH DEPARTMENT—CITY OF BALTIMORE

37596

CERTIFICATE OF DEATH

1549

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 162-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... dy.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Johnson

(a) Residence: No. 539 Bricken Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 22, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None ever

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME William ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Anna Johnson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL JUL 23 1937

Commissioner of Health

19. UNDERTAKER

(Address) Per H. A. Moore

20. FILED JUL 23 1937 19 ..... Registrar

Huntington Woods, Md.

3345

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1937 to July 22, 1937.

I last saw her alive on July 22, 1937. Death is said to have occurred on the date stated above, at 3:42 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify .....

(Signed) E. W. Overstreet M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 37597

F 37597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 7-5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sylvia Clark

(a) Residence: No. 1505 E Monument St. Ward. 5th

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/5/37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Harry Clark

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Ida Jackson

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records — JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place JOHNS HOPKINS MEDICAL SCHOOL Date JUL 23 1937

Commissioner of Health

19. UNDERTAKER For H. A. Moore (Address)

20. FILED Lington Williams, Registrar.

3378

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1937 to July 17, 1937

That saw her alive on July 17, 1937 Death is said to have occurred on the date stated above, at 8a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	
Congenital heart disease	Birth

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R Carmichael Tilghman, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

37598 E 37598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-95-3

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas E. Collins

If U. S. Veteran specify WAR

(a) Residence: No. 2003 Druid Hill Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clinic attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N86

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Caleb Collins

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary J. Wynn

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Sarah C. Fernandis

(Address) 2003 N Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 7 24 37

19. UNDERTAKER

(Address) 163 N. Eutaw St.

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1937 to July 22, 1937

I last saw him alive on July 22, 1937 Death is said to have occurred on the date stated above, at 6.51 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Disease	?
Gangrene of left foot	1 mo
Other contributory causes of importance:	
Syphilis	?

Was an operation performed? yes Date of 7-10-37

For what disease or injury? Gangrene of left 1st toe

Name of operation Amputation of left 1st toe

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frank R. Stephenson M. D.

(Address) St. Joseph Hosp

OCCUPATION is very important. See instructions on back of certificate.

U. L. F. 1931 of Lexington Printing Co., Inc.

F 37599

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37599

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 565 Fulton St. 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Howard Hines

(a) Residence: No. 565 Fulton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Loretta L. Hines

6. DATE OF BIRTH (month, day, year) June 2 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61 ~~65~~	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Howard F. Hines

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Martha Harris

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Loretta L. Hines
(Address) 565 Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Orleans Park Date 7-26-1937

19. UNDERTAKER Wm. H. Holland
(Address) 1631 Druid Hill Ave

20. FILED JUL 24 1937 Lexington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23 1937

22. I HEREBY CERTIFY, That I attended deceased from June 7 1937 to July 23 1937

I last saw him alive on July 23 1937 Death is said to have occurred on the date stated above, at 12:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage or apoplexy	
Other contributory causes of importance: Arterio-sclerosis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward J. Mullay, M. D.

(Address) 1230 Druid Ave

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37600

CERTIFICATE OF DEATH

137

F 37600

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Monzell Lyles

(a) Residence: No. 3003 Pentmarm St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ursual Lyles

6. DATE OF BIRTH (month, day, year) Sept 6, 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84 86	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret'd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joshua Lyles

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Ursual Colley

16. BIRTHPLACE (city or town) (State or country) Tentown

17. INFORMANT Daughter Mrs. C. W. Jernagin

(Address) 3003 Pentmarm St

18. BURIAL, CREMATION, OR REMOVAL Pine Lawn Cem. Date 7 26 1937

Place Pine Lawn Cem.

19. UNDERTAKER Wilhom Bros

(Address) 1217 E Baltimore St

24 1937 at Lexington Baltimore, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/3/37, 1937, to July 23, 1937

I last saw h. alive on 7/23/37, 1937. Death is said to have occurred on the date stated above, at 12:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy with Urinary Retention	7/3/37

Other contributory causes of importance:

Surgical Shock

Was an operation performed? Yes Date of July 23, 1937

For what disease or injury? Prostatic Hypertrophy

Name of operation Transurethral Prostatic Resection

What test confirmed diagnosis? Cystoscopy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. Feldman, M. D.

(Address) Maryland Gen'l Hosp.

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. R. 68-0

F 22601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Anna Murphy

(a) Residence: No. 202 W. 29th St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Charles M. Murphy

6. DATE OF BIRTH (month, day, year) Nov 11, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Loos

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Coe

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Deceased

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 7-26 1937

19. UNDERTAKER Wm. Cook

(Address) 1217 E. Fayette St

20. DATE RECEIVED JUL 24 1937 Huntington Williams, MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-23-37 19

22. I HEREBY CERTIFY, That I attended deceased from 7-14- 1937 to 7-23 1937.

I last saw her alive on 7-22 1937. Death is said to have occurred on the date stated above, at 1.20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Carditis	1907
Hypertrophic Carditis	1932
Myocardial Failure	1936
Auricular Fibrillation	

Other contributory causes of importance:

Pulmonary Embolism	June 37

Name of operation Subtotal thyroidectomy Date of 7-1937

What test confirmed diagnosis? BMR Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wesley J. Keltz M. D.

(Address) Church Home & Hosp

OCCUPATION IS VERY important. See instructions on back of certificate.

37602

HEALTH DEPARTMENT—CITY OF BALTIMORE

37602

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 9-26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Warren Jones

If U. S. Veteran specify WAR .....

(a) Residence: No. Grasonville, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept 12, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Paul Jones

14. BIRTHPLACE (city or town) (State or country) Grasonville Md

MOTHER

15. MAIDEN NAME Mary Rush Hamton

16. BIRTHPLACE (city or town) (State or country) Broomes Island Md

17. INFORMANT John Paul Jones (Address) Grasonville Md

18. BURIAL, CREMATION, OR REMOVAL. Place Graysonville Md Date July 24, 1937

19. UNDERTAKER Millhorn Coffey (Address) 1217 E Pratt St

20. FILED Huntington Millhorn Registrar

JUL 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 15 1937 to July 22 1937

I last saw him alive on July 22 1937 Death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	6/1/37
Other contributory causes of importance: Status Lymphaticus	7/12/37

Was an operation performed? No Date of .....

For what disease or injury? No.

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Thyson A. Dell M. D.

(Address) Sydenham Hosp

OCCUPATION is very important. See instructions on back of certificate.

32603

HEALTH DEPARTMENT—CITY OF BALTIMORE

32603

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH St. Josephs Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Caroline & Oliver St.) 9-9 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Mrs George W Fee

(a) Residence: No. Old Court Road (Usual place of abode) Woodlawn Ward. ... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 28-1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Caleb Fee
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Hollie Leas
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT David M Negus (Address) Woodlawn

18. BURIAL, CREMATION, OR REMOVAL Date 7/26/37
(Place) Old Oliver

19. UNDERTAKER: Edgar F. Maurer (Address) Catonsville, Md.

FILED JUL 24 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/22, 1937 to 7/27, 1937

I last saw him alive on 7/27, 1937 Death is said to have occurred on the date stated above, at 12 A m.

The principal cause of death and related causes of importance were as follows:

	Date at onset
Auricular Fibrillation	
Myocarditis	
Arteriosclerosis	
Other contributory causes of importance: Umbilical hernia	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Frank B Stephenson M. D.

(Address) St. Joseph Hosp.

OCCUPATION is very important. See instructions on back of certificate.

37604 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 37604

CERTIFICATE OF DEATH

46-R 222n--EF

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 19-3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ehler Brandt

(a) Residence: No. 1513 McHenry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Amelia Brandt

6. DATE OF BIRTH (month, day, year): 1-1-1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Ehler Brandt

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Marguerite Bowers

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: 7/26/37

19. UNDERTAKER: Harry H. Whitaker
(Address): 4101-Edmondson Ave.

20. FILED JUL 24 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-27, 1937, to 7-22, 1937

I last saw him alive on 7-22, 1937. Death is said to have occurred on the date stated above, at 10:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	before March 1937
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) T. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

37605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16 F 37605

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 11-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert B. Junkins
If U. S. Veteran specify WAR

(a) Residence: No. 819 Hamilton Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marguerite Junkins

6. DATE OF BIRTH (month, day, year) Feb 12, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	5	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrical Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME James B. Junkins
14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER
15. MAIDEN NAME Carrie E. Brant
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT James B. Junkins
(Address) 4203 Connecticut Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date July 24, 1937

19. UNDERTAKER John J. Penny
(Address) 715 Light St.

20. FILED 19 Huntington Williams Registrar.

JUL 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1937 to July 21, 1937
I last saw him alive on July 21, 1937. Death is said to have occurred on the date stated above, at 5.35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Poliencephalomyelitis	7-19-37

Other contributory causes of importance:
Bilateral phrenic paralysis

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard H. Pembroke M. D.
(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 37606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37606

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 216 N Bradford St., 6-3 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Hurtt

(a) Residence: No. 216 N Bradford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 21 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Mary County Md

FATHER

13. NAME Joseph Cole.

14. BIRTHPLACE (city or town) (State or country) St Georges County Md

MOTHER

15. MAIDEN NAME Mary Cole

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Theodore Hunt
(Address) 218 N Carrollton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 7/26 1937

19. UNDERTAKER Cayton Sanders
(Address) 1402 E Preston St

FILED JUL 24 1937 Huntington Nottingham, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the above named person and from the evidence (Inquest, Autopsy or Inquiry) I have found that said deceased came (Inquest, Autopsy or Inquiry) her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	July 22 1937
Chronic Myocarditis	May 1 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) James L. Allen M. D.
Coroner

(Address) 506 E Lexington St

OCCUPATION is very important. See instructions on back of certificate.

F 37607 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37607

CERTIFICATE OF DEATH

5-22/31

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 Low St., S Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Boudenard

(a) Residence: No. 1107 Low St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND (or) WIFE of Catherine Boudenard

6. DATE OF BIRTH (month, day, year) Sept 22 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	10	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Keeper 0044

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 1937

11. Total time (years) spent in this occupation 52 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Catherine Boudenard

(Address) 1107 Low St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Jul 24/37

19. UNDERTAKER John Leech

(Address) 2108 Arlington Ave

20. FILED JUL 24 1937 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/16/37, 19..., to 7/22, 1937

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated about 1.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular Disease	?
Chronic Nephritis	?
Other contributory causes of importance: Renal Decompensation	5 days

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) John S. Blum, M. D.

(Address) 1206 E. Preston St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37608 — Tor 2 — 24-8 — 37608

CERTIFICATE OF DEATH

24859 — F — Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Arthur Rose

(a) Residence: No. 837 Central Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	?

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47.	+ 3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Mt. Calvary July 26/37

19. UNDERTAKER Edward Bryson
(Address) 1241 Orleans St

20. FILED JUL 24 1937 Eugene Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1937, to July 22, 1937

I last saw h... alive on July 22, 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	7-6-37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. De Lambert M. D.

(Address) Baltimore City Hospitals

M. D. B 1268-9

37609

HEALTH DEPARTMENT—CITY OF BALTIMORE

37609

CERTIFICATE OF DEATH

25-1 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Susanna Watchorn.

(a) Residence: No. 2 Edmondson Ridge. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If ~~married, Widowed, or Divorced~~ ~~HUSBAND~~ of (or) WIFE of Edward J. Watchorn.

6. DATE OF BIRTH (month, day, year) October 28, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania.

FATHER

13. NAME Edward Mulligan.

14. BIRTHPLACE (city or town) (State or country) Pennsylvania.

MOTHER

15. MAIDEN NAME Emma Young.

16. BIRTHPLACE (city or town) (State or country) Pennsylvania.

17. INFORMANT Mrs. Chas. Koehlerschmidt. daughter.

(Address) 2040 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 7/27/37 19

19. UNDERTAKER H. Webster Sons

(Address) 2513 Edmondson Ave

20. FILED 19 Registrar Huntington Williams, M.D.

JUL 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said inquiry find that said deceased came
(Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Rembadt X M. D.
Coroner

7/23/37 (Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37610 **CERTIFICATE OF DEATH** 13-3 H-B F 37610

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2224 Madison St. ..... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Madeline D Schofield
If U.S. Veteran specify WAR .....

(a) Residence: No. 2224 Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addison Schofield

6. DATE OF BIRTH (month, day, year) 12/3/1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greenville S.C.

FATHER

13. NAME Alvan McDaniel

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Mary Wright

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Lucious McDaniel
(Address) 1029 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenville S.C. Date 7/25 1937

19. UNDERTAKER Jerome W. Chase & Son
(Address) 634 N. Pulaski

(Signature) Evelyn Williams, M.D.

JUL 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 21 1937 to July 23 1937

I last saw her alive on July 22 1937 Death is said to have occurred on the date stated above, at 8 40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Carcinoma	July

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B. T. Hale M. D.

(Address) 1 W Washington

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37611

F 37611

CERTIFICATE OF DEATH.

16-1131

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1019 Carrollton Ave. (St.) WARD)

2-FULL NAME John M. Smith

(a) RESIDENCE NO. 1019 Carrollton Ave St., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary M Smith

6 DATE OF BIRTH (month, day, and year) 9-20-1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	77	10	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work..... Farmer 0086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carrollton Va

PARENTS

10 NAME OF FATHER Thomas Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Hunt

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country)

14 Informant Mary M. Smith

(Address) 1019 N. Carrollton

Filed JUL 24 1937 Huntington Nathanson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-22-1937

17 I HEREBY CERTIFY, That I attended deceased from 7/15, 1937, to 7-22, 1937, that I last saw h alive on 7-22, 1937, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal Disease, Terminal Bronchio-pneumonia

Apoplexy (duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. F. Jackson M. D.

7/24, 1937 (Address) 6 Guilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Thomas. Balto Co

DATE OF BURIAL 7-26-1937

ADDRESS .....

20 UNDERTAKER Sam'l H. Chase & Son

638 N. Gilmor

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

37612

HEALTH DEPARTMENT—CITY OF BALTIMORE

37612

CERTIFICATE OF DEATH

124-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Meinel

(a) Residence: No. 3402 Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W. White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Chas A. Meinel

6. DATE OF BIRTH (month, day, year) Sept 17-1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	10 11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Pa

FATHER

13. NAME Alexander Krieger

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Amelia Garstka

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs Albertina Sparks

(Address) 4904 Haddon Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date July 26 1937

19. UNDERTAKER Henry H Armistead

(Address) 420 Lafayette Ave

Huntington Williams, M.D.

JUL 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1937, to July 22, 1937

I last saw h alive on July 22, 1937 Death is said to have occurred on the date stated above, at 9:32 A m.

The principal cause of death and related causes of importance were as follows:

Partial Cirrhosis of Liver.

Date of onset

Other contributory causes of importance:

Chronic Alcoholism

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Krieger M. D.

(Address) Mercy Hospital

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—9 30—A. & Co.—250 Bks.

F 37613 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37613

CERTIFICATE OF DEATH. 9-2 95-3

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 Lakeside Ave ST ..... WARD)

2 FULL NAME ELLA BURT HANZSCHE

(a) RESIDENCE NO. 1704 Lakeside Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. 10 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Frederick Allen Hanzsche

6 DATE OF BIRTH (month, day, and year) September 21st 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thomas Burt

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Louise — (Burt)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant (Address) Mrs Lowndell L Downs. 1704 Lakeside Ave

15 Filed JUL 24 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23, '37

17 I HEREBY CERTIFY, That I attended deceased from — , 1937, to July 22nd, 1937

that I last saw her alive on July 22nd 1937 11½ P.M.

and that death occurred, on the date stated above, at 12.50 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Heart disease

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart block

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Typical signs

(Signed) H. S. Chalfant M. D.

July 23rd 1937 (Address) 6210 York Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL July 26 37

UNDERTAKER J. H. Tuckner & Sons

ADDRESS Ft Pa

TION is very important. See instructions on back of certificates.

F 37614 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 15-8 46-F F 37614

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2212 Elsinore Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alice M Grove

(a) Residence: No. 2212 Elsinore Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas C.

6. DATE OF BIRTH (month, day, year) July 15 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marblehead Mass

FATHER

13. NAME Francis Boardman

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Susan B Harris

16. BIRTHPLACE (city or town) (State or country) Mass

17. INFORMANT Miss Grace C Grove

(Address) 2212 Elsinore Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date July 24 '37

19. UNDERTAKER Gilbert J Stifler & Son

(Address) North & Pleasant Aves Baltimore, Md.

20. FILED JUL 24 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 3rd, 1937 to July 22, 1937

I last saw her alive on July 22, 1937 Death is said to have occurred on the date stated above, at 12:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of Liver and Stomach	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Vernon A. Condon, M. D.

(Address) 1819 St. Paul St.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37615

CERTIFICATE OF DEATH

20-1 93-2 F 37615

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2011 West Lexington Street St., Ward)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma Estelle Warfield

(a) Residence: No. 2011 West Lexington Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): November 19, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home

10. Date deceased last worked at this occupation (month and year): April 1935

11. Total time (years) spent in this occupation: 55

12. BIRTHPLACE (city or town) (State or country): Woodbine Howard Co. Md.

FATHER

13. NAME: Henry Welling Warfield

14. BIRTHPLACE (city or town) (State or country): Woodbine Howard Co, Md.

MOTHER

15. MAIDEN NAME: Sara Ellen Whalen

16. BIRTHPLACE (city or town) (State or country): West Friendship Howard Co. Md.

17. INFORMANT: Miss Bertha Warfield

(Address) 2011 West Lexington Street.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: July 26 37

19. UNDERTAKER: Wm. J. Leitner & Sons

(Address) Pennsylvania Ave & Lexington Ave Baltimore, Md.

20. FILED 24 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1936 to July 23 1937

I last saw h. alive on July 23 1937 Death is said to have occurred on the date stated above, at 9 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	3
Chronic Myocarditis	3
Other contributory causes of importance: Broncho-Pneumonia	7-22-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. F. Ernshaw M. D.

(Address) Reisterstown, Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37646

CERTIFICATE OF DEATH

22-1 97

F 37646

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 Hanover St. St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew F. Willson

If U. S. Veteran specify WAR

(a) Residence: No. 415 Hanover St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Willson

6. DATE OF BIRTH (month, day, year) May 39 1843

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	94	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) W. Va. (State or country)

FATHER

13. NAME Thomas D. Willson

14. BIRTHPLACE (city or town) W. Va. (State or country)

MOTHER

15. MAIDEN NAME Margaret Jackson

16. BIRTHPLACE (city or town) W. Va. (State or country)

17. INFORMANT Mr. Willson (Address) Hagerstown Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Confluence Pa. Date July 25.

19. UNDERTAKER I. Few Mc Cully (Address) 130 E. Fort Ave

20. FILED JUL 24 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1937 to July 23, 1937

I last saw him alive on July 23, 1937. Death is said to have occurred on the date stated above, at 9:30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Indefinite	
Other contributory causes of importance:	
Exhaustion	7/22/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. R. L. Campbell M. D.

7/24/37 (Address) 1644 Hanover St

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37617

CERTIFICATE OF DEATH

F 37617

Registered No. 18-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 4 mos. 5 ds. How long in U. S. If nf foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Shirley Russell.(c)

(a) Residence: No. 226 N. Arlington Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 17, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Robert H. Russell.(c)

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Vernice Ruffin.(c)

16. BIRTHPLACE (city or town) (State or country) Norfolk, Va.

17. INFORMANT Robert H. Russell.(c) father

(Address) 226 N. Arlington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date July 24, 1937

19. UNDERTAKER Mrs Katie A. Williams

(Address) 322 N. Schroeder St.

JUL 24 1937 A. Eugene Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held autopsy & inquiry and from the evidence (Inquest, Autopsy or Inquiry)

obtained by autopsy & inquiry that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tubercular Meningitis.	
Accidental fall from step on his head and side.	6/21/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury 6/21/37, 19

Where did injury occur? 226 N. Arlington Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home.

Manner of injury Fall from step.

Nature of injury Fall.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Leonhardt, M. D. Coroner

7/23/37 (Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37618 — 94B — F 37618

CERTIFICATE OF DEATH

10-2

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1435 E Eager St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Stripes

(a) Residence: No. 1435 E Eager St. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Williams

6. DATE OF BIRTH (month, day, year) May 29 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.. 0670

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Keyesville Va.

FATHER

13. NAME Joe White

14. BIRTHPLACE (city or town) (State or country) Keyesville Va.

MOTHER

15. MAIDEN NAME Maria Minor

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Lillian Stripes

(Address) 1435 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL

Place Relatives Con Date July 25 1937

19. UNDERTAKER Mrs. Robert Elliott-daughter

(Address) 1129 E Caroline St.

20. FILED Hastings & Williams, Inc.

JUL 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20 1937

22. I HEREBY CERTIFY, That I attended deceased from July 12 1937 to July 20 1937

I last saw her alive on July 20 1937 Death is said to have occurred on the date stated above, at 11:15 P.m.

The principal cause of death and related causes of importance were as follows:

Embolus of Coronary Vessel — Date of onset 7/14/37

Other contributory causes of importance:

Renal Stenosis — 18 months

Was an operation performed? Yes Date of 7/17/37

For what disease or injury? Renal Stenosis

Name of operation Nephrectomy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert L. Lafavor M. D.

(Address) 82 N. Bond Street

OCCUPATION IS VERY important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37619 — 87 82a — F 37619

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 E. Fiddle St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Jones — If U. S. Veteran specify WAR .....

(a) Residence: No. 1508 E. Fiddle St., Ward. ..... (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Widow

5a. If married, widowed, or divorced (or) WIFE of Abraham Jones

6. DATE OF BIRTH (month, day, year) Feb. 12, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Nancy ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Bertha Walker (Address) 1508 E. Biddle

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Cem. Date July 24 1937

19. UNDERTAKER H. H. Colton & Daughter

(Address) 1169 N. Arlington Ave

20. DATE RECEIVED JUL 24 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1937, to July 21, 1937

I last saw her alive on July 21, 1937. Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary edema	July 21
Acute dilatation of heart	

Other contributory causes of importance: Cerebral Arteriosclerosis — July 11

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Exp. Exam. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. A. Berry M. D.

(Address) 1420 E. Lanvale

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

F 37620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. 17-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4100 N. Charles St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 10 mos. 0 ds. How long in U. S. If of foreign birth 46 yrs. 7 mos. 16 ds.

2. FULL NAME Violet Colby Liggett

If U. S. Veteran specify WAR NONE

(a) Residence: No. 4100 N Charles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. If Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: John E. Liggett

6. DATE OF BIRTH (month, day, year): Dec. 7. 1890

7. AGE: Years 46; Months 7; Days 16 15; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Phila Penna

FATHER

13. NAME: William C. Colby

14. BIRTHPLACE (city or town) (State or country): Phila Penna

MOTHER

15. MAIDEN NAME: Elizabeth Malseed

16. BIRTHPLACE (city or town) (State or country): Phila Penna

17. INFORMANT: Mrs Madge S. Sann - (Cousin)

(Address) 513 Cledwicus Av. Crafton Pa.

18. BURIAL, CREMATION, OR REMOVAL: Cremation

Place Woodlawn Date July-24-37

19. UNDERTAKER: Sherwood Morgan Co.

(Address) 108 W. Mt. Royal Ave.

20. FILED JUL 24 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1937 to July 21, 1937

I last saw h.. alive on July 22, 1937. Death is said to have occurred on the date stated above, at 9 15 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

metastases from carcinoma of left breast, multiple

Other contributory causes of importance:

none

Was an operation performed? several Date of between 1929 + 1934

For what disease or injury? carcinoma of lt breast

Name of operation radical excision of breast glands, nbs

What test confirmed diagnosis? clinical laboratory methods Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Fowland R. Smith, Jr. M. D.

(Address) 1014 St. Paul Street.

F 37621 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37621

CERTIFICATE OF DEATH

27-1-49a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4821 Keswick Rd. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 59 yrs. 2 mos. 0 ds. How long in U. S. If of foreign birth 59 yrs. 2 mon. 8 ds.

If U. S. Veteran specify WAR NONE

2. FULL NAME Mabel Evitt Coney

(a) Residence: No. 4821 Keswick Rd. St., 27th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: W. Vinton Coney

6. DATE OF BIRTH (month, day, year): May 23 1878

7. AGE — Years: 59 | Months: 2 | Days: 0 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none none 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): 1922

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: John Evitt

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Anna M Gerhart

16. BIRTHPLACE (city or town) (State or country): Bucks Co. Penna

17. INFORMANT (Address): W. V. Coney - (Husband) 4821 Keswick Road.

18. BURIAL, CREMATION, OR REMOVAL. Place: Loudon Park Date: July-24 1937

19. UNDERTAKER (Address): Sherwood & Morris Co. 108 W. Monument St.

20. FILED JUL 24 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 23. 1937

22. I HEREBY CERTIFY, That I attended deceased from June 3 - 1937 to July 23 1937

I last saw h.er alive on July 22 1937. Death is said to have occurred on the date stated above, at 10-15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic malignancy, Ovarian Epithelial Carcinoma -	5/15/37
Other contributory causes of importance: Essential Hypertension with Cardiac Enlargement	6/24/21

Was an operation performed? No Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Pelvic Exploration, No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Gibson Porter M. D.

(Address) 4422 Roland Ave

F 37622

F 37622 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 17-1493c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hosp. St., Ward)

Length of residence in city or town where death occurred 30 yrs. 8 mos. 0 ds. How long in U. S. If of foreign birth? 60 yrs. 10 mos. 5 ds.

2. FULL NAME Anna B. Denton Mrs. Ephraim M. Denton

If U. S. Veteran specify WAR

(a) Residence: No. 2019 St. Paul St. City Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ephraim M. Denton

6. DATE OF BIRTH (month, day, year) Sept 18-1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt. Connellsville Ohio

FATHER

13. NAME Christian Buscholter

14. BIRTHPLACE (city or town) (State or country) ? ? Ohio

MOTHER

15. MAIDEN NAME Caroline Deitz

16. BIRTHPLACE (city or town) (State or country) ? ? Ohio

17. INFORMANT Mrs Caroline D. McDermott (daughter)
(Address) 2019 St. Paul Street

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date July 26/37

19. UNDERTAKER Stewart & Mowen Co
(Address) 108 W. North Ave.

20. FILED

E 24 1537

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-23-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-5-37, 19, to 7-23-37, 19

I last saw her alive on 7-23-37, 19. Death is said to have occurred on the date stated above, at 10:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis c myocardial insufficiency.	4-1-37
Pulmonary Embolism.	7/1/37
Purulent Pericarditis	7/23/37

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? E.K.G. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert H. Lives M. D.
(Address) Union Memorial Hospital.

OCCUPATIONS is very important. See instructions on back of certificate.

37623

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37623

CERTIFICATE OF DEATH

X 7-19

Registered No.....

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton aves St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Shelby Jean Dawes

(a) Residence: No. Fairview Ave., Halethorpe St., Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 8. 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
9 mo.	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ambrose Dawes

14. BIRTHPLACE (city or town) (State or country) Holy Catholic

MOTHER

15. MAIDEN NAME Dotie Owens

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Ambrose Dawes

(Address) Halethorpe Md

18. BURIAL, CREMATION, OR REMOVAL

Place Shelby N. C. Date July 24. 37

19. UNDERTAKER Wm Cook & Son

(Address) 1214 E Fort Ave

20. FILED ..... 19..... By ..... Registrar.

JUL 24 1937

MEDICAL CERTIFICATE OF DEATH

X

21. DATE OF DEATH (month, day, year) July 23. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 21 1936 to July 23 1936

I last saw her alive on July 23 1936 Death is said to have occurred on the date stated above, at 7:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Whooping Cough.	7-23-37
Bronchopneumonia	7-20-37

Other contributory causes of importance

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frederic V. Beattie M. D.

(Address) Relay - Md

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

✓ F 37624

37624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME BABY BOY MAYERS

(a) Residence: No. 903 W. MULBERRY ST. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	BLACK	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) JULY 3, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) UNIVERSITY HOSPITAL

FATHER

13. NAME ROMIE MAYERS

14. BIRTHPLACE (city or town) (State or country) COLUMBIA, S.C.

MOTHER

15. MAIDEN NAME LEOLIA WATSON

16. BIRTHPLACE (city or town) (State or country) HALIFAX CITY S.C.

17. INFORMANT FATHER
(Address) 903 W. MULBERRY ST.

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL JUL 24 1937 19
COMMISSIONER OF HEALTH

19. UNDERTAKER
(Address)

20. FILED JUL 25 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY 17, 1937.

22. I HEREBY CERTIFY, That I attended deceased from JULY 3, 1937 to JULY 17, 1937

I last saw him alive on JULY 17, 1937. Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. CONGENITAL HEART DISEASE	

Other contributory causes of importance:

Name of operation NONE Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. Warren Albert M. D.

(Address) University Hospital

37625 E 37625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 7-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Chas Lewis Harwood

(a) Residence: No. 2 Merryman Court St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (~~or WIFE of~~) Lot J. T. Harwood

6. DATE OF BIRTH (month, day, year) April 9th 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shelbyville Ky

FATHER

13. NAME Charles M. Henry Harwood

14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER

15. MAIDEN NAME Lavinia Winchester

16. BIRTHPLACE (city or town) (State or country) La

17. INFORMANT W. B. Harwood

(Address) 2 Merryman Court

18. BURIAL, CREMATION, OR REMOVAL All Saints Cem Date July 25 1937

19. UNDERTAKER: Great Neck Henry Hopkins & Co

(Address) Edmondson Ave & Carey St

20. FILED Lexington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1937, to July 24, 1937.

I last saw h~~im~~er alive on July 24, 1937. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

Sub Arachnoid Hemorrhage. Date of onset 5/25/37

Other contributory causes of importance:

Was an operation performed? No Date of 6/2/37

For what disease or injury?

Name of operation lumbar puncture, an injection

What test confirmed diagnosis? — Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Robert T. Oliver M. D.

(Address) Union Memorial Hospital.

VS 3

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37626

37626

CERTIFICATE OF DEATH

1612

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Girl Ahler

(a) RESIDENCE NO. Phoenix, Md. ST., WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-24-37

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Franklin Sq. Hosp.
(State or country)

PARENTS

10 NAME OF FATHER Ernest Francis Ahler

11 BIRTHPLACE OF FATHER (city or town) Balt. Co.
(State or country)

12 MAIDEN NAME OF MOTHER Sophie Mengrogal

13 BIRTHPLACE OF MOTHER (city or town) Balt. Co.
(State or country)

14 Informant father
(Address)

15 Date Received JL 25 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24, 1937

17 I HEREBY CERTIFY, That I attended deceased from 7-24, 1937, to 7-24, 1937, that I last saw h alive on 7-24, 1937 and that death occurred, on the date stated above, at 9.35 A m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

(duration) 1 hour yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) J. McShumanlow M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Long Green, Md.

DATE OF BURIAL July 24, 1937

20 UNDERTAKER E. LeRoy Stufflebeam

ADDRESS 125 E North Ave

F 37627

37627 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 186a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

2. FULL NAME Geo. E. Cole

(a) Residence: No. Cockeysville Balto. Co. Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Cole

6. DATE OF BIRTH (month, day, year) April 24, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	2	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas Cole

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Louise Fowble

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Sarah Cole

(Address) Cockeysville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Pinkney's - Sparks Date July 26 1937

19. UNDERTAKER Wm. C. Pinkney & Son

(Address) Sparks, Md.

20. FILED H. Leyton Williams, Registrar

JUL 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day) July 23, 1937 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date July 23, 1937

Where did injury occur? Balto. Co. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry (Quarrys at Towson Md.)

Manner of injury Fell from Platform of Stone Crusher struck Head on Chute

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Fell While Working

(Signed) H. K. Oehler M. D.

Coroner

(Address) 2757 Eutaw Pl.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B 1268-9

F 37628

37628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 94B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 Battery Ave. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred on visit. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Luther Hutchins.

(a) Residence: No. Calvert Co. Md. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Hutchins.

6. DATE OF BIRTH (month, day, year) April 3, 1867

7. AGE	Years	Months	Days	If LESS than 1 day..... hrs. or min.
	70	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FATHER

13. NAME John Hutchins.

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Margaret Bowen.

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Earlie Hutchins. (son)

(Address) 1021 Riverside Ave.

18. BURIAL, CREMATION, OR REMOVAL Corse

Place Boretown, Calvert Co. Md. Date July 26, 1937

19. UNDERTAKER Margaret H. Tolson

(Address) 422 Light St

20. FILED JUL 25 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Coroner, M. D.

7/24/37 (Address) 1017 S. Charles St.

37629 E 37629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 231 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 W. West St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M. Sears

If U. S. Vet. specify WAR No Record

(a) Residence: No. 15 W. West St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Charles T. West

6. DATE OF BIRTH (month, day, year) Nov 1st 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 4/6/37

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Carroll T. Kroner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Regina Stromer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Chas. T. Sears 15 W. West St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Date July 27 1937

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED JUL 23 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23rd 1937

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1937 to July 23 1937

I last saw her alive on July 23, 5:40 P. 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	April 6, 37
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Sputum positive for Tubercle Bacilli Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Henry F. Buettner, M. D.

(Address) 1319 Light St., Balto. Md.

38 1536 4

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37630

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. 91a

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Herold — If U. S. Vet. specify WAR No Record

(a) Residence: No. 2511 E. Chase St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/26/18

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
18	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Herold

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Clara Herold

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date July 27 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

JUL 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 8 1937 to July 23 1937

I last saw her alive on July 23 1937. Death is said to have occurred on the date stated above, at 6 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Bacterial Endocarditis (Streptococcus Viridans)	Sept. 1936
Other contributory causes of importance: Cerebral embolism	7-19-37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Blood Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) James M. Haviland, M. D.

(Address) Johns Hopkins Hospital

37631 F 37631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nathan Fineman

If U. S. Veteran specify WAR

(a) Residence: No. 418 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Fineman

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Prop.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1986

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joel Fineman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rosie Wirs —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Lillian Fineman

(Address) 418 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Date July 26, 1937

19. UNDERTAKER Jack Nevins Inc

(Address) 1429 E. Balto. St

20. FILED , 19 Registrar.

JUL 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1937, to July 25, 1937

I last saw him alive on July 25, 1937 Death is said to have occurred on the date stated above, at 3:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7/25/37
Other contributory causes of importance: Arteriosclerotic Cardio-Vascular Disease	1936.

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Zimmerman M. D.

(Address) Medical Arts Bldg.

Huntington Williams, M.D.

37632 HEALTH DEPARTMENT—CITY OF BALTIMORE 37632

CERTIFICATE OF DEATH

6-3 953

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lipman Yankelevich

(a) Residence: No. 2130 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Yankelevich

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65 ?				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 013

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butcher shop

10. Date deceased last worked at this occupation (month and year) May 1937

11. Total time (years) spent in this occupation 30 yr.

12. BIRTHPLACE (city or town) (State or country) Friedrichstadt Russia

FATHER

13. NAME Morris Yankelevich

14. BIRTHPLACE (city or town) (State or country) Friedrichstadt Russia

MOTHER

15. MAIDEN NAME Jean Levinson

16. BIRTHPLACE (city or town) (State or country) Friedrichstadt Russia

17. INFORMANT Samuel W. Levin

(Address) 2130 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL Date 7/26/37

Fairdale

19. UNDERTAKER Jacob Louis Dale & Son

(Address) 1439 E. Baltimore St.

20. FILED 19 Registrar

JUL 25 1937 Livingston Phillips, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1937, to July 24, 1937.

I last saw him alive on July 23, 1937. Death is said to have occurred on the date stated above, at 6:02 A m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset May, 1937
Pulmonary
Bronchopneumonia

Other contributory causes of importance:
Arteriosclerotic Heart Disease

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Herbert J. Gundersheim, M. D.

(Address) Sinai Hospital

✓ F 37633

HEALTH DEPARTMENT—CITY OF BALTIMORE

37633

CERTIFICATE OF DEATH

27-6 45c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5404 Catalpha Road St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles P. Faulkner

(a) Residence: No. 5404 Catalpha Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E. Faulkner

6. DATE OF BIRTH (month, day, year) Jan. 18, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mercantile

10. Date deceased last worked at this occupation (month and year) Jan. 1928

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) York County, Pa.

FATHER

13. NAME Thomas Faulkner

14. BIRTHPLACE (city or town) (State or country) York County, Pa.

MOTHER

15. MAIDEN NAME Ann S. Gemmill

16. BIRTHPLACE (city or town) (State or country) York County, Pa.

17. INFORMANT Mrs. Mary E. Faulkner
(Address) 5404 Catalpha Road

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Mem. Pk. Date July 26 19 37

19. UNDERTAKER Frederick Rosenthal & Son
(Address) 7401 Belair Road

20. FILED JUL 25 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23rd, 19 37

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 37 to 7/23/37 19 ..... I last saw h[illegible] on 7/20/37 19 .. Death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Mouth	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Lee Lolley M. D.

(Address) 5703 Harford Rd

M. D. B. 1268-9

37631

Myers E 37634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 26148

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5829 Belair Rd St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen D Alexander

(a) Residence: No. 5829 Belair Rd St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H

6. DATE OF BIRTH (month, day, year) Nov 29 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greenpoint New York

FATHER

13. NAME Joseph Klosa

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Charles H Alexander

(Address) 5829 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer July 26-37

19. UNDERTAKER Jos J Stenbystone

(Address) 3001 Pennsylvania Ave

20. Filed JUL 25 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1937

I HEREBY CERTIFY, That I attended deceased from May 16 1937 to July 22 1937

I last saw h... alive on July 22 1937 Death is said to have occurred on the date stated above, at 8:30p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	?

Other contributory causes of importance:

X Ray treatments South Balto. Gnl Hospl.	January 37

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Charles H. A. Alexander M. D.

(Address) 1086 N. Broadway

37635 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 37635

CERTIFICATE OF DEATH

46D

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1522 Poplar Grove St., 167 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 48 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel Damico.

(a) Residence: No. 1522 Poplar Grove St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Antonia Damico.

6. DATE OF BIRTH (month, day, year) Oct. 16, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired confectioner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy.

FATHER

13. NAME unknown.

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME unknown.

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Vincent Damico.
(Address) 3301 Edmondson Ave.

18. BURIAL, CREMATION, or REMOVAL
Place Holy Cross Cathedral Date July 27 1937

19. UNDERTAKER C. Lee Sprecher
(Address) 927 Lunt Ave.

Filed JUL 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from April, 1937, to July 23, 1937
I last saw him alive on July 23, 1937 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	April 1935
Other contributory causes of importance: Metastasis to Liver.	unknown

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) A. A. Tammariello, M. D.
(Address) Medical Arts Bldg.

✓ F 37636

37636 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

34-82a C.C.

CERTIFICATE OF DEATH

Registered No. 872

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospitals Bay View St., 2677-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Haskell

(a). Residence: No. 634 Eisler St., 22 Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married (Last)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Haskell

6. DATE OF BIRTH (month, day, year) May 15, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austin Texas

FATHER

13. NAME Jordan Haskell

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Augusta Sterling

16. BIRTHPLACE (city or town) (State or country) Crisfield Md.

17. INFORMANT Mary Foster (Sister)
(Address) 116 W Montgomery St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 7/25/37 19

19. UNDERTAKER Isaac L Brown & Son
(Address) 38 W Montgomery St

20. FILED 7-26-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, Autopsy or Inquiry) thereon and from the residence Yes, and that said deceased came Autopsy (Inquest, Autopsy or Inquiry) to said death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage right Parietal Lobe.	July 21-1937

Other contributory causes of importance: Syphilis - Old Process

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Bond St.

V S 6

37637 E 37637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 20-49

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Betty Lou Greiting

(a) Residence: No. 156 S. Calverton Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 28 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	26 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Eugene Greiting

14. BIRTHPLACE (city or town) (State or country) Rittersberg Germany

MOTHER

15. MAIDEN NAME Elizabeth Eberling

16. BIRTHPLACE (city or town) (State or country) Frankfort Germany

17. INFORMANT Mother
(Address) Same

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date July 26 1937

19. UNDERTAKER George L. Eckhardt.
(Address) 2101 Frederick Ave

20. FILED 19 Registrar.

JUL 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 23 1937 to July 24 1937

Last saw her alive on July 24 1937 Death is said to have occurred on the date stated above, at 1 3/4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	7-1-37
Bronchopneumonia and enteritis	7-5-37

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Francis D. Schwenker M. D.

(Address) Sydenham Hospital

F 37638 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37638

CERTIFICATE OF DEATH 24935 JS

1-5 46c

1. PLACE OF DEATH Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospt. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? 42 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Piechocki

(a) Residence: No. 529 S. Chester St. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Piechocki

6. DATE OF BIRTH (month, day, year) 1861 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Martin Novak

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date 7/26/37. 19

19. UNDERTAKER M. J. Antonelli & Sons

(Address) 1608 Eastern Ave.

20. [illegible] Registrar.

25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1937 to July 23, 1937

I last saw her alive on July 23, 1937 Death is said to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon ?	Jan 1937
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. A. de Santelle M. D.

(Address) Baltimore City Hospitals

M. D. P. 1268-9

37639

✓ F 37639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH Church Home + Infirmary

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dr. Charles A. Sigwald

(a) Residence: No. 5 East Biddle St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	W

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Married Ottilie Sigwald

6. DATE OF BIRTH (month, day, year) June 1, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72 73	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0066

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Bourbon, Ind.

FATHER

13. NAME Dr. Lyman Sigwell

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Electa E. Warfield

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Herbert A. Sigwell

(Address) Bourbon, Indiana

18. BURIAL, CREMATION, OR REMOVAL Place ~~Forest Hawken~~ Loudon Park July 26, 1937 19

19. UNDERTAKER Walter Brooks Bradley

(Address) 1922 W. North Ave

25 1937 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-23 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-17-37, 19 ... to 7-23, 1937

I last saw him alive on 7-23 1937. Death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular dis	? yrs.
Other contributory causes of importance:	
Nephrosclerosis	? yrs.
Trauma	? yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hugh C. Siegmeister, M. D.

(Address) Church Home + Infirmary

M. D. B 1268-9

✓ F 37640

37640 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

163

CERTIFICATE OF DEATH

1. PLACE OF DEATH 0421 Allendale

CITY OF BALTIMORE: (No. 3426-St. Ambrose Ave. St., 27-16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph A. Weider

(a) Residence: No. 3426-St. Ambrose Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bertha (Weider)

6. DATE OF BIRTH (month, day, year) 9/26/1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	9	28	xxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Weider

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs. Bertha Weider

(Address) 3426-St. Ambrose Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 7/26/37 19

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Harford Ave.

20. FILED JUL 27 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
Other contributory causes of importance Depressed Melancholia	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation No Date of No

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of Injury ....., 19.....

Where did injury occur? At Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John N. Evans, M. D.

Coroner

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

37641

HEALTH DEPARTMENT—CITY OF BALTIMORE

37641

CERTIFICATE OF DEATH

16-2 83

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Univ Hosp St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Hardesty
If U. S. Veteran specify WAR

(a) Residence: No. 802 N. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December 25, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired - Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6045

10. Date deceased last worked at this occupation (month and year) June 1935

11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME James G. Hardesty

14. BIRTHPLACE (city or town) Prince George County
(State or country) Maryland

MOTHER

15. MAIDEN NAME Emily Suit

16. BIRTHPLACE (city or town) Bladensburg
(State or country) Prince George Co., Md.

17. INFORMANT Mr. William P. Hardesty
(Address) 5025 Belair Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date July 26 1937

19. UNDERTAKER Paul H.B. Cook
(Address) 1003 W. Baltimore St.

20. FILED 19 Registrar.

JUL 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July.22.1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1937 to July 22 1937
I last saw h[illegible] alive on July 22 1937 Death is said to have occurred on the date stated above, at 4 00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 a b pneumonia	July 10 '37
Uremia	
Other contributory causes of importance:	

Was an operation performed? yes Date of Feb 1921
For what disease or injury? Ca of bladder
Name of operation Cystostomy
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If [illegible]

(Signed) Howard B. Hayes M. D.
(Address) Univ. Hosp.

37642 331838

HEALTH DEPARTMENT—CITY OF BALTIMORE

37642

CERTIFICATE OF DEATH

87a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 1/3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lura Kelley

If U. S. Veteran specify WAR .....

(a) Residence: No. ..... Baileyton St., ... Ward. Tenn.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert-

6. DATE OF BIRTH (month, day, year) 4-25-84

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tenn

FATHER

13. NAME George Bailey

14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER

15. MAIDEN NAME Mary Read

16. BIRTHPLACE (city or town) (State or country) Tenn

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Baileyton Tenn Date July 27, 1937

19. UNDERTAKER John O Mitchell
(Address)

20. FILED ..... 19..... Registrar.

JUL 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1937 to July 24, 1937

I last saw her alive on July 24, 1937 Death is said to have occurred on the date stated above, at 10.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis ?	7-16
post operative	

Other contributory causes of importance:

Tic douloureux @	1877

Was an operation performed? Yes Date of 7-16-37

For what disease or injury? Tic douloureux

Name of operation Section 5th. nerve

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) A.F. Jonas, M. D.

(Address) The Johns Hopkins Hospital

37643 V E 37643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

166 X 958

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen'l Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR World War

2. FULL NAME Edson F. Gross

(a) Residence: No. Riverdale-On the Magothy St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen M. Regan

6. DATE OF BIRTH (month, day, year): May 29/1877

7. AGE — Years: 60 | Months: 1 | Days: 23 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Photo Engraving

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 086

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Covington Ohio

FATHER

13. NAME: Wm. H. Gross

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Clara Fosdick

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT: Helen M. Regan

(Address): Severna Park Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Arlington Va Date: July 26 37

19. UNDERTAKER: John C. Mitchell & Son

(Address): 900 Eutaw Place

20. FILED: Huntington West Virginia

25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 21 1937 to July 22 1937

I last saw him alive on July 22 1937 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Cardio-Vascular Disease — Date of onset 1934

Other contributory causes of importance: Hypostatic Bronchopneumonia — July 15/19 37

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Melvin Lewis, M. D.

(Address) WB & N

37644 E 37644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37-6.159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy McEvoy If U. S. Veteran specify WAR

(a) Residence: No. 5311 Hamlet Ave Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 21 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Leonard N McEvoy

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary J. Tiffany

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Leonard N McEvoy (Address) 5311 Hamlet Ave

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. 7/25 1937

19. UNDERTAKER Leonard J. Ruck (Address) 5303 Harford Rd

20. FILED JUL 25 1937 Lington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23 1937

22. I HEREBY CERTIFY, That I attended deceased from July 21 1937 to July 23 1937

I last saw him alive on July 23 1937 Death is said to have occurred on the date stated above at 10:55 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Prematurity Birth

Other contributory causes of importance: none

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Weight Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank R Stephenson M. D.

(Address) At - Jos Hosp.

✓ F 37645

F 37645 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

15-1-92a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2800 Suffolk Ave., St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard John Burke Jr.

If U. S. Veteran specify WAR

(a) Residence: No. 2800 Suffolk Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 16, 1919

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
17	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Richard J. Burke Sr.

14. BIRTHPLACE (city or town) (State or country) Chicago, Ill.

MOTHER

15. MAIDEN NAME Katharine Kelly

16. BIRTHPLACE (city or town) (State or country) Richmond, Va.

17. INFORMANT Richard J. Burke Sr.

(Address) 2800 Suffolk Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 7-26 1937

19. UNDERTAKER Frederick A. Cole

(Address) 2100 W. Lombard St

19 [illegible] JUL 25 [illegible] Eastern Ave, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from August, 1927 to July 23, 1937

I last saw him alive on July 23, 1937. Death is said to have occurred on the date stated above, at 10:? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis with Decompensation (Unknown Etiology)	Infancy
Other contributory causes of importance: Chronic Enteritis (Idiopathic) Syn.	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Grant Ayd M. D.

(Address) 2005 E. Monument St.

37646 E 37646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5203 Gwynn Oak Ave. St., ... Ward)

Length of residence in city or town where death occurred 86 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George W. Woodrow

(a) Residence: No. 5203 Gwynn Oak Ave., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Amanda Jeanette Woodrow

6. DATE OF BIRTH (month, day, year) September 10-1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME George Woodrow

14. BIRTHPLACE (city or town) Balto. Md
(State or country)

MOTHER

15. MAIDEN NAME Amanda J. Walters

16. BIRTHPLACE (city or town) Balto. Md.
(State or country)

17. INFORMANT George S. Woodrow
(Address) 5203 Gwynn Oak Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 26 1937

19. UNDERTAKER George L. Schwab
(Address) 2101 Forrest Ave.

20. FILED JUL 26 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1937 to July 24 1937

I last saw h... alive on Jan 25 1937 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 1937
Other contributory causes of importance:	
Arteriosclerosis	1934

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) G. C. Swank M. D.

(Address) 4509 Liberty Hgts

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37647

CERTIFICATE OF DEATH

EF 37647

Registered No. 27-253

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hospital St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Vet. specify WAR No Record

2. FULL NAME L. Grace Beatty
(a) Residence: No. 3022 Overland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. ~~Single~~ Married, ~~Widowed~~ or ~~Divorced~~ (write the word): Married

5a. If married, ~~HUSBAND of~~ (or) WIFE of: Chas. Emerson Beatty

6. DATE OF BIRTH (month, day, year): Oct 1st 1891

7. AGE: Years 45; Months 9; Days 24; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
10. Date deceased last worked at this occupation (month and year): X
11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER
13. NAME: Albert E. Short
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Lundora E Rowley
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Chas E. Beatty 3022 Overland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodland Park to July 28 1937

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

20. FILED 19 Registrar.
Huntington Williams, M.D.

JUL 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-25-1937

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1937 to July 25, 1937
I last saw her alive on July 25, 1937 Death is said to have occurred on the date stated above at 8:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Sarcoma of Lungs.	Sept. 1936
Sarcoma, Rt. Femur	Feb. 1935
Other contributory causes of importance:	

Was an operation performed? Yes Date of 2-21-36
For what disease or injury? Sarcoma Rt. Femur
Name of operation Amputation, Rt Leg
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Francis R Stephenson M. D.
(Address) St Geo Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37648 107a F 37648

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 N Fulton Ave. 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mrs Patrick Brocken

(a) Residence: No. 1118 N Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 16 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Patrick J Brocken

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Sammon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Patrick J Brocken
(Address) 1118 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 7/26/37

19. UNDERTAKER Wm Cook
(Address) 1217 E Oriole St

20. FILED JUL 26 1937 Registrar Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1937 to July 25, 1937

last saw him alive on July 25, 1937 Death is said to have occurred on the date stated above, at 12:30 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days
Other contributory causes of importance: Acute-with enlarged liver	2 weeks

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E Winfield Smith M. D.

(Address) 1279 Hilldrop Rd

37649

HEALTH DEPARTMENT—CITY OF BALTIMORE

37649

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 8-3 Ward)

Length of residence in city or town where death occurred ....yrs.....mos.....ds. How long in U. S. If of foreign birth? ....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Daisy Hart

(a) Residence: No. 1107 N. Milton Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George C Hart

6. DATE OF BIRTH (month, day, year) July 24 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Melvin Hart
(Address) 1107 N Milton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 7/26 37

19. UNDERTAKER George A Starken
(Address) Tulane & Fayette

20. FILED ..... 19.. Huntington Williams, Reg.

JUL 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1937, to July 22, 1937.
I last saw h.. alive on July 22, 1937. Death is said to have occurred on the date stated above, at 10.40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic hypertension	9
Diabetes Mellitus	17 yrs.
Diabetic gangrene - feet	1 mo.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Frank R Steiksenson M. D.

(Address) St Jos Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

650 — F 32650

CERTIFICATE OF DEATH

Registered No. 107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME JULIAN BROWN

(a) Residence: No. 944 S EUTAW ST St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	BLACK	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) APR. 29, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABORER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) VIRGINIA

FATHER

13. NAME JOHN JULIAN

14. BIRTHPLACE (city or town) (State or country) VIRGINIA

MOTHER

15. MAIDEN NAME MARY BROWN

16. BIRTHPLACE (city or town) (State or country) VIRGINIA

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary - Date July 24 19 37

19. UNDERTAKER Walter Burgess
(Address) 1322 Dorchester

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/22, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/10/ 1937 to 7/22, 1937

I last saw h.m alive on 7/22/37, 1937. Death is said to have occurred on the date stated above, at 6 00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PNEUMONIA LOBARIS	APPROX 6/22/37
Other contributory causes of importance: BRONCHO PNEUMONIA	

Was an operation performed? NO Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Richard H Pembroke M. D.

(Address) Mercy Hospital

Edwardine Jones

HEALTH DEPARTMENT—CITY OF BALTIMORE

37651

CERTIFICATE OF DEATH

951 B 37651

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital St. 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. 5 mos. 25 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

If U.S. Veteran specify WAR.

2. FULL NAME Edwardine Jones

(a) Residence: No. 1431 Ark Avenue St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Kennon Jones

6. DATE OF BIRTH (month, day, year) Jan. 28, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Edward Godfrey

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Isabel Kennedy

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs. Wm. P. Brown
(Address) 106 W. University Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem. Date 7/27 1937

19. UNDERTAKER Henry H. Mears & Son
(Address) 802 W Calvert St.

JUL 26 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-24 1937

22. I HEREBY CERTIFY, That I attended deceased from July 23. 1937 to July 24. 1937
last saw h[illegible] alive on July 24 1937 Death is said to have occurred on the date stated above, at 7 02 P M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	
Generalized Arteriosclerosis	

Other contributory causes of importance:

Pneumonia, hypostatic

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. K. Sellers M. D.

(Address) Woman's Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

37652

CERTIFICATE OF DEATH

37652

Registered No. 37652

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 Stamford Rd St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary L. Behrmann

(a) Residence: No. 616 Stamford Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George N.

6. DATE OF BIRTH (month, day, year) April 2 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Henry Huebel

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) New Lorraine.

17. INFORMANT Mrs Florence See
(Address)

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Bronx N.Y. July 26/37

19. UNDERTAKER William J. Dilcher & Sons
(Address) North & Green Sts

FILED JUL 26 1937 19 Huntington Nebraska, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1936 to July 25, 1937

I last saw her alive on July 25, 1937 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
generalized arteriosclerosis.	1934
cerebral hemorrhage.	7/20/37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Ernest A. Knipp, M. D.

(Address) 3030 Edmondson Ave.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37653

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3403 Cedardale Rd St., Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Ann Pearce
If U. S. Veteran specify WAR .....

(a) Residence: No. 3403 Cedardale Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr. H. Edward Pearce

6. DATE OF BIRTH (month, day, year) Dec. 19 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	7	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co! Md.

FATHER
13. NAME William Price
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Elizabeth Smith
16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Mrs Amy E. Pearce
(Address) 3403 Cedardale Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date July 28. 1937

19. UNDERTAKER Wellington & Fredericks - Lem
(Address) North & Penna. Ave.

FILED JUL 26 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at about 4 hrs. 2 Days

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Allan Craven M. D. Coroner
(Address) 1215 Harlem

HEALTH DEPARTMENT—CITY OF BALTIMORE

37654

CERTIFICATE OF DEATH

27-1-157 C. 37654

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl McNamara

If U. S. Veteran specify WAR

(a) Residence: No. 2741 Chesterfield Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 25 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME James A. McNamara

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Estelle M. Stenseth

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Mrs. E. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Vincent Cemetery Date 7/28 1937

19. UNDERTAKER E. J. Fanning & Son

(Address) 1932 E. Lafayette Ave.

20. FILED ..... 19.....

JUL 26 1937

Clayton Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25 1937

22. I HEREBY CERTIFY, That I attended deceased from July 25 1937 to July 25 1937

I last saw h[illegible] alive on July 25 1937 Death is said to have occurred on the date stated above, at 9.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital malformation	
Other contributory causes of importance: None	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industcy, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Francis R. Stephenson M. D.

(Address) St Joseph Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37655

CERTIFICATE OF DEATH

F 37655

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Tedy Theodore Zabora

(a) Residence: No. North Pt. Rd. Box 236 St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wladyslawa Zabora

6. DATE OF BIRTH (month, day, year) 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME A. Zabora

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Tedy Zabora Jr.
(Address) North Pt. Rd. Box 236

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart of Mary Date July 27.

19. UNDERTAKER Fred W. Ozagewski
(Address) 1930 Eastern Ave.

26 1937 [signature] M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Immed Pneumia (R)	
Other contributory causes of importance Fractured Rt Femur	5/16

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ? Date of injury 3/16/37

Where did injury occur? Balto Co.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Struck by auto ?

Nature of Injury 37

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Hubert Dooley Auto Coroner M. D.

(Address) 907 N. Gilmor St

V S 6

Mary Eggane Mizell

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37656

CERTIFICATE OF DEATH

F 37656

Registered No. 85

1. PLACE OF DEATH 519 Robert St. Ward 12-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St.,

Length of residence in city or town where death occurred yrs. 34 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Eggane Mizell

(a) Residence: No. 519 Robert St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence H. Mizell

6. DATE OF BIRTH (month, day, year) June 19, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Canneler,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Baltimore Md

FATHER

13. NAME Charles H. Johnson

14. BIRTHPLACE (State or country) Kent Island Md

MOTHER

15. MAIDEN NAME Susan Bailey

16. BIRTHPLACE (City or town) (State or country) Eastern Shore Md

17. INFORMANT Susan Johnson

(Address) 519 Robert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date July 27 37

19. UNDERTAKER Mrs Geo. N. Leonard

(Address) 1231 Linden Ave Baltimore, Md

26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described hereon and from the evidence above, held an (Inquest, Autopsy or Inquiry) and that said deceased came (Inquest, Autopsy or Inquiry) death on the 24th day of July 1937 at 2:00 a.m.

The principal cause of death and related causes of importance were as follows:

Epileptic Fit.

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hall, Coroner M. D.

(Address) 1215 Hanover

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37657

CERTIFICATE OF DEATH

93-CF 37657

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4315 Mainfield ave. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophia P. Phillips

If U. S. Veteran specify WAR .....

(a) Residence: No. 4315 Mainfield ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John P. Phillips

6. DATE OF BIRTH (month, day, year) Jan 25-1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME John Schoff

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Elz. Graunlong

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Inco. In R. (Address) 4315 Mainfield ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date July 26, 37

19. UNDERTAKER John A. Myers (Address) 3008 E. Baltimore St.

JUL 26 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/23/1937

22. I HEREBY CERTIFY, That I attended deceased from July 11 1937 to July 23 1937

I last saw her alive on July 22 1937. Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Acute heart failure.	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

20. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm J Schmidt M. D.

(Address) 701 N. Kenwood Ave

9 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37658 — CERTIFICATE OF DEATH — F 37658

Registered No. 2715 - 95-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2414 Ken Oak Road St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR none

2. FULL NAME Mary A. Dwyer

(a) Residence: No. 2414 Ken Oak Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ------

6. DATE OF BIRTH (month, day, year) Sept. 3, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Dwyer

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Frederica Wild

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Miss Sadie Dewyer,
(Address) 2414 Ken Oak Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 7/27/37 19

19. UNDERTAKER C. Vernon Lemmon.
(Address) 4611 Park Heights Ave.

JUL 26 1937 Washington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from ~ Jany 1937 to July 25, 1937

I last saw her alive on July 25 1937. Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset

About 8 years ago

Other contributory causes of importance: Cardiac Vascular Lesions

4 years about

Was no operation performed? / Date of /

For what disease or injury? /

Name of operation / Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William E. Todd M. D.

(Address) 2217 South Road

F 37659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37659

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2543 Hollins St., 20-A Ward)

Length of residence in city or town where death occurred 18 yrs. — mos. — ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frances Fatts

(a) Residence: No. 2543 Hollins St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Milford Fatts

6. DATE OF BIRTH (month, day, year) Sept. 19-1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore Co (State or country) Maryland

FATHER

13. NAME Thomas Swail

14. BIRTHPLACE (city or town) Maryland (State or country)

MOTHER

15. MAIDEN NAME Hannah Cluchton

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Milford Fatts (Address) 2543 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date July 27-37

19. UNDERTAKER Horace F. Burgee (Address) 3631 Falls Road

20. FILED JUL 26 1937 H. E. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24-1937

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1937 to July 24 1937.

I last saw h.. alive on July 24. 1937. Death is said to have occurred on the date stated above, at 9P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	6Da

Other contributory causes of importance:

Chronic Nephritis.

Uremia

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 888 N. Eutaw St

✓ F 37660

37660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 912 McKean ave St., 16 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Thomas Calvert
If U. S. Veteran specify WAR

(a) Residence: No. 912 McKean ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Julia Calvert

6. DATE OF BIRTH (month, day, year) Dec 3, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	7	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 7/24/37
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER
13. NAME Isaac H. Calvert
14. BIRTHPLACE (city or town) (State or country) Eastern Shore

MOTHER
15. MAIDEN NAME Martha Ellen Ingalls
16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Julia Calvert
(Address) 912 McKean ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date July 27 1937

19. UNDERTAKER Jos. Manning Cook & Sons
(Address) 1600 N. Howard ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) on (from the evidence obtained by said (Inquest, Autopsy or Inquiry) found that the said deceased came to death on the day stated above at 2:30 p.m.,

The principal cause of death and related causes of importance were as follows:

Hang self with bed sheet.

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 7/27, 1937
Where did injury occur? 912 McKean ave (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place in home
Manner of injury hang self with bed sheet strung over top door
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harry Cramer M. D.
Coroner
(Address) 1210 Hanover

U. S. 26 1937

Washington, N.D.

✓ F 37661

37661 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1139 Stockton St., 6-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elsie Johnson

If U.S. Veteran specify WAR .....

(a) Residence: No. 1139 Stockton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Married

5a. If married, ~~widowed~~ or ~~divorced~~ ~~HUSBAND~~ of ~~or~~ WIFE of Thos. Johnson

6. DATE OF BIRTH (month, day, year) 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date decreased last worked at this occupation (month and year) -

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME Isaac Silver

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Martha Peace

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Lenora Elliott

(Address) 1139 Stockton

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 7/27 37

19. UNDERTAKER Thomas E. Nelson

(Address) 1363 Presidman

Filed JUL 26 19

Registered No. ..... Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 21. 1937 to July 24. 1937

I last saw h[illegible] alive on July 23. 1937 Death is said to have occurred on the date stated above, at 9:20 AM

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset .....

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? —

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ~~No~~ If specify .....

(Signature) Frank E. Hasser M.D.

(Address) 627 Lafayette

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 23761

F 37662

CERTIFICATE OF DEATH

46a 4s

F 37662

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Relto. City Hospt. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Newcomer

(a) Residence: No. 105 N. Fremont Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-18-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. V. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date July 27/37

19. UNDERTAKER Tho. J. Kenny
Address 6 Hollins St.

L 26 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-25-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-22-1937 to 7-25-1937

I last saw h[im] alive on 7-25-1937 Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus	1/1
Other contributory causes of importance:	
Arteriosclerotic Heart Disease	?

Was an operation performed? Yes Date of 7-22-37

For what disease or injury? Carcinoma of esophagus

Name of operation Esophagoscopy

What test confirmed diagnosis? Gastroscopy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dyke Brantigan M. D.

(Address) Baltimore City Hosp.

37663 HEALTH DEPARTMENT—CITY OF BALTIMORE 37663

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1236 Union Ave. 13 8 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rebecca Sproul

(a) Residence: No. 1236 Union Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 29, 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME William Sproul

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Bambleitz

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Rosa Sproul

(Address) 1236 Union Ave

18. BURIAL, CREMATION, OR REMOVAL Grace M. P., Balto Co. md Date July 27, 1937

19. UNDERTAKER Chenowith & Son

(Address) 3615-17 Chestnut Ave

20. FILED ..... 19..... Registrar

JUL 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1937 to July 24, 1937

I last saw h.e.r. alive on July 24, 1937 Death is said to have occurred on the date stated above, at 7 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930
Chronic Nephritis	1930
Rt. Cerebral Hemorrhage	June 1937

Other contributory causes of importance:

Myocardial Insufficiency	7/21/37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation clinical

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) J N Wilson, M. D.

(Address) 848 W 36th St

AACo. 5-31 250B

37664 F 37664

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

46B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 S. East Ave St., 26-11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ellen L. Guy

(a) Residence: No. 1118 S. East Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Guy

6. DATE OF BIRTH (month, day, year) Sept 5-1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME James Garrett

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Ruth Evans

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Mr. William Guy
(Address) 1118 S. East Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 7/27 1937

19. UNDERTAKER John J. Connelly
(Address) Essex Md.

20. 7/31 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1934 to July 24 1937

I last saw h[illegible] alive on July 24 1937 death is said to have occurred on the date stated above, at 2.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	3 yrs.

Other contributory causes of importance: Acute Dilatation of Heart

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm. J. Peterman M. D.

(Address) 3204 Eastern Ave

F 37665

33 1746

HEALTH DEPARTMENT—CITY OF BALTIMORE

37665

1143

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15-W Ward)

Length of residence in city or town where death occurred 36 yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Pledge

(a) Residence: No. 1819 W. Northern ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Pledge

6. DATE OF BIRTH (month, day, year) 9/25/1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Pledge

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Elizabeth Connelly

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date July 27, 19 37

19. UNDERTAKER Martin Tapper & Sons
(Address) 1820 N. North Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1937 to July 25, 1937

I last saw him alive on July 25, 1937 Death is said to have occurred on the date stated above, at 1:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple lung abscesses	3/1/37
	over
Other contributory causes of importance: Hemorrhage into extra pleural cavity	7/23/37

Was an operation performed? Yes Date of 7/23/37

For what disease or injury? Multiple lung abscesses

Name of operation Extra pleural pneumolysis

What test confirmed diagnosis? X-Ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carl A. Rumbel, M. D.

(Address) The Johns Hopkins Hospital

Eston Williams, Registrar.

M. D. B. 1268-9

F 37666

F 37666 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1047 W. Saratoga St., 18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Smith

(a) Residence: No. 1047 W. Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 25, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Lawrence Smith

14. BIRTHPLACE (city or town) (State or country) Columbia South Carolina

15. MAIDEN NAME Reanor Elizabeth Hardesty

16. BIRTHPLACE (city or town) (State or country) Montgomery County Maryland

17. INFORMANT Elizabeth Hardesty
(Address) 1047 W. Saratoga

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL JUL 26 1937 19
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED 26 1937 Registrar
5681

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4:30 PM July 25, 1937, to July 26, 1937.
I last saw him alive on July 25, 1937. Death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage due to
Puerperal delivery.

Date of onset
over

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Warren Albertson M. D.
(Address) University Hospital

37667 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 37667

CERTIFICATE OF DEATH

108 #25134 SF

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Seehart

If U. S. Veteran specify WAR No

(a) Residence: No. 2704 Chester Pl. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia

6. DATE OF BIRTH (month, day, year) 8/2/1884

7. AGE	Years	Months	Days	If LESS than 1 day
	52	11	22	##### or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Benjamin

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna McCrusker

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Sacred Heart Date 7/28/37

19. UNDERTAKER Geo. J. Ruth Inc.

(Address) 1725 N. Fulton Ave.

20. FILED Registrar.

JUL 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1937 to July 24, 1937

I last saw him alive on July 24, 1937. Death is said to have occurred on the date stated above, at 2:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	7-16-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. de Lamielle M. D.

(Address) Baltimore City Hospitals

F 37668

John F Prunty

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37668

CERTIFICATE OF DEATH

25

1. PLACE OF DEATH Harlay Hotel

CITY OF BALTIMORE: (No. 1 St. 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR Spanish American war.

2. FULL NAME John F. Prunty

(a) Residence: No. Hesser Hotel St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept 30. 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65 66	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Prunty

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anne Williar

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Mommies

(Address) 4 4 Penhurst ave

18. BURIAL, CREMATION, OR REMOVAL

Place Bird Hill Cem Ley Date July 27 1937

19. UNDERTAKER Bernard A Finke

(Address) 641 Linden Ave.

July 28 1937 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find said deceased came to death on the day stated above, at about 11. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis (Lung)	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C Hamilton Coroner, M. D.

(Address) 1210 Hanover

V S 6

37669 ✓ F 37669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2021 Madison Ave St., W 3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Caul

If U.S Veteran specify WAR ... Staunton Va

(a) Residence: No. 2021 Madison Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elenora 1876

6. DATE OF BIRTH (month, day, year) Jan, 10, 1872.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~65~~ 61	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Anthony Caul

14. BIRTHPLACE (city or town) (State or country) Unkown

MOTHER

15. MAIDEN NAME Harrison Kelly

16. BIRTHPLACE (city or town) (State or country) Unkown

17. INFORMANT Elenora Caul

(Address) 2021 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Staunton Va Date 7/28/ 1937

19. UNDERTAKER Frances A. Hemsley

(Address) 576 W. Biddle St

20. FILED JUL 26 1937 Staunton, Va

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 2 1937 to July 24 1937

I last saw h in alive on July 24 1937 Death is said to have occurred on the date stated above, at 8 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Edward J. Kreatter M. D.

(Address) 1230 Druid St

37670 ✓ F 37670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25-4 181

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Glenn L. Short. If U. S. Veteran specify WAR World

(a) Residence: No. 3554 Horton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of Margaret M. Short. WIFE of

6. DATE OF BIRTH (month, day, year) November 12, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chamber-man C.S.6

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Davison Chemical

10. Date deceased last worked at this occupation (month and year) 7/22/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri.

FATHER

13. NAME Charles Short.

14. BIRTHPLACE (city or town) (State or country) Missouri.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Margaret M. Short. (wife)
(Address) 3554 Horton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date July 27 1937

19. UNDERTAKER Geo. R. Gaud & Evans
(Address) [illegible]

20. FILED JUL 28 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burns of legs arms and abdomen.	
Accidental fall into a tank of Sulphuric Acid.	7/22/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7/22/37 19

Where did injury occur? Davison Chemical Co.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry.

Manner of injury Fall into tank Sulphuric Acid.

Nature of injury Burns.

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify.

(Signed) [illegible] M. D.
Coroner

7/26/37 (Address) 1017 S. Charles [illegible]

F 37671 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37671

CERTIFICATE OF DEATH

12-1 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3804 Greenmount ave. Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie B. Wenzel

If U. S. Veteran specify WAR

(a) Residence: No. 3804 Greenmount ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Wenzel

6. DATE OF BIRTH (month, day, year) July 26 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Jas. F. O'Hara

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Tarpy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Thos. O'Hara
(Address) 2500 W. Baltimore

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date July 27 1937

19. UNDERTAKER Margaret A. Tolson
(Address) 1422 Light St.

20. FILED ..... 19..... Registrar

JUL 26 1937 Lying-in Hospital, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 20 1937 to July 24 1937

I last saw her alive on July 23 1937 Death is said to have occurred on the date stated above at 12.12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2
Chronic Nephritis	
Arteriosclerosis	
Other contributory causes of importance: Pulmonary Oedema	7/20/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James A. Leatherbury M. D.

(Address) 711 Medical Arts

F 37672

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

7672 133

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Edgewood Sanatorium St., 11 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miriam Elfreth

If U. S. Veteran specify WAR None

(a) Residence: No. 615 Park Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, year) July-4-1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Penna.

FATHER

13. NAME James Elfreth

14. BIRTHPLACE (city or town) (State or country) Philadelphia Penna.

MOTHER

15. MAIDEN NAME Ann ? ?

16. BIRTHPLACE (city or town) (State or country) Philadelphia Penna.

17. INFORMANT Mrs. G. Lloyd Rogers (friend)
(Address) 722 Resivoir Street

18. BURIAL, CREMATION, OR REMOVAL
Place Philadelphia, Pa. Date July-27-37

19. UNDERTAKER Stewart & Mowen Company
(Address) 108 W. North Avenue

20. FILED ..., 19.. Registrar

JUL 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1936, to July 24, 1937. I last saw her alive on July 24, 1937. Death is said to have occurred on the date stated above, at 5:15 P.m.

The principal cause of death and related causes of importance were as follows:

Pagets disease of bones — Date of onset 8 yrs

Other contributory causes of importance:

Senility

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Chemical microscopic + Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Wm A. Fletcher M. D.

(Address) 12 E Eager St Baltimore

F 37673

331929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1-5 X 72a St., Ward)

Length of residence in city or town where death occurred yrs. mos 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Otis Hodge Glasgall If U. S. Veteran specify WAR

(a) Residence: No. 840 Monrovia Avenue St., Ward. Shreveport La (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/22/28

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) La

FATHER

13. NAME John Glasgall

14. BIRTHPLACE (city or town) (State or country) La

MOTHER

15. MAIDEN NAME Lois Hodge

16. BIRTHPLACE (city or town) (State or country) La

17. INFORMANT Records (Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Shreveport La, Date July 28 1937

19. UNDERTAKER Sloss Outcalt & Sons (Address) 1900 Eutaw Place

Huntington Hollins & Shriver

20. FILED JUL 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25 1937

22. I HEREBY CERTIFY, That I attended deceased from July 15 1937 to July 25 1937

I last saw him alive on July 25 1937 Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Leukemia, acute aleukemic	Jan. 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harriet G. Ford M. D.

(Address) Johns Hopkins Hospital

37674 HEALTH DEPARTMENT—CITY OF BALTIMORE 37674

CERTIFICATE OF DEATH

23737 JS 953

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 16-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Saran Daly

(a) Residence: No. 3916 Mt. Pleasant Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1869 ? May 4,

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME John Daly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Lennox

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. V. S. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathlamm Date July 27, 37

19. UNDERTAKER John A. Graham
(Address) 3000 E. Balto St

20. FILED ..... 19..... .....Registrar.

L 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1937, to July 24, 1937

I last saw h[illegible] alive on July 24, 1937. Death is said to have occurred on the date stated above, at 4[illegible] (m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	1935
Other contributory causes of importance: Cerebral hemorrhage	June 1937

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) [illegible] M. D.

(Address) Baltimore City Hospitals

37675 F 37675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 493

1. PLACE OF DEATH 1713 Park ave. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1401 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Agnes Fleming Vail

(a) Residence: No. 1713 Park ave St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Horatio N. Vail

6. DATE OF BIRTH (month, day, year) April 21-1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Artist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0001

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Va.

FATHER

13. NAME Joseph C. Fleming

14. BIRTHPLACE (city or town) (State or country) Norfolk Va.

MOTHER

15. MAIDEN NAME Sarah Frances Grant

16. BIRTHPLACE (city or town) (State or country) Portsmouth Va.

17. INFORMANT Mrs. C. Fleming.

(Address) 1713 Park ave

18. BURIAL, CREMATION, OR REMOVAL. Loudon Park cemetery Date July 27 1937

19. UNDERTAKER Chas. S. Eldeke

(Address) 742 W. Lexington ave

20. FILED ..... 19 ..... Registrar

Washington Philbert, M.D.

JUL 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25th 1937

22. I HEREBY CERTIFY, That I took charge of the remains described hereon and from the evidence above, held an ..... (Inquest, Autopsy or Inquiry) find that said deceased came obtained by said ..... (Inquest, Autopsy or Inquiry) to ... death on the day stated above. 2.10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	
affecting System	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. Hann Coroner, M. D.

(Address) 1215 Hanover

F 37676

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37676

CERTIFICATE OF DEATH

92a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 S. Milton Ave. St., 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Agnes Kmieciak (Miller)

If U.S. Veteran specify WAR .....

(a) Residence: No. 624 S. Milton Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Kmieciak (Miller)

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME John Lorek

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Mary Nawrocki

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Anna Hughes

(Address) 2906 Boston Street

18. BURIAL, CREMATION, OR REMOVAL.

Place St Stanislaus Date July 28. 1937

19. UNDERTAKER John M Wagley

(Address) 401 S. Chester St

20. FILED 27 1937 Huntington Williams, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1937 to July 24, 1937.

I last saw h[illegible] alive on July 24, 1937. Death is said to have occurred on the date stated above, at 6:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	July 20
Chronic valvular heart disease	
Chronic Hypertension	

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? PS & S Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19 —

Where did injury occur? none

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

21. Was disease or injury in any way related to occupation of deceased? none

If so, specify

(Signed) John J. Rogers, M. D.

(Address) 26 E. Eastern Ave.

37677 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 37677

CERTIFICATE OF DEATH

820

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME Mary Carman

(a) Residence: No. 743 Alpaca Court St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Seamore Square Carman

6. DATE OF BIRTH (month, day, year) 9-6-1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME David Hayes

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Un Known

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date July 27 1937

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

JUL 27 1937 Transcript to Mother

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1937 to July 25, 1937

I last saw her alive on July 25 1937. Death is said to have occurred on the date stated above, at 3:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-15-37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Santelle, M. D.

(Address) Baltimore City Hospitals

37678 ✓ E 37678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 94-R

1. PLACE OF DEATH 2919 Walbrook Ave. St., 15-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Vet. specify W. No Record

2. FULL NAME Leo John Baylor

(a) Residence: No. 2919 Walbrook Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Carrie Baylor

6. DATE OF BIRTH (month, day, year) June 16, 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Traders Laundry

10. Date deceased last worked at this occupation (month and year) 7/24/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salyersville Indiana

FATHER

13. NAME Charles F. Baylor

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Carrie Baylor
(Address) 2919 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL Date July 27 1937
Place Milan Indiana

19. UNDERTAKER William Cook
(Address) 217 St Paul ST

20. FILED JUL 27 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26th, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above at 1046 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Adam Carver M. D.
Coroner

(Address) 2/27 Harlem

U S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

(37879) (37879)

1. PLACE OF DEATH: 4609 Edmondson Ave. Registered No. .....
CITY OF BALTIMORE: (No.) Dead on arriving Bon Sec Hospital St., (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, ... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Louisa Pausch. If U. S. Veteran specify WAR .....

(a) Residence: No. 4609 Edmondson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Nov. 14 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Deaconess

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Gettysburg Pa.

MOTHER FATHER

13. NAME John A. Pausch

14. BIRTHPLACE (city or town) State or country) Pa.

15. MAIDEN NAME Caroline F. Bauer

16. BIRTHPLACE (city or town) State or country) Germany

17. INFORMANT (Address) Mrs. Henry E. Hyatt Germantown Penna.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date July 27. 1937

19. UNDERTAKER Harry A. Meske (Address) 4101 Edmondson Ave. Washington Funeral, Inc.

20. FILED ..... 19 ..... Registrar.

JUL 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of skull and fractured 4 ribs on left side,	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury July 24. 1937.

Where did injury occur? 4609 Edmondson Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of injury Fell down stairs

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas. Carver, M. D. (Coroner)

(Address) 1215 Nanuary

37680 F 37680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 954 Harford Ave. St., 10-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. 3 mos. 20 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Leo P. Kelly

(a) Residence: No. 954 Harford Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, year) April 5, 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Copper works

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 17 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Patrick J. Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Ellen Gallagher

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Elizabeth Baird (Sister)

(Address) 954 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL

Interment Cathedral Cemetery Date July 28, 1937

19. UNDERTAKER Edmund W. Conklin & Son

(Address) 527 E. Eager St.

20. FILED Aug 2 1937 Harrison Williams Registrar.

AUG 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25 1937

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1937, to July 25, 1937

I last saw him alive on July 25, 1937. Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
T.B. lung	?
myocardial degeneration	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? .....

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Samuel Leibfried M. D.

(Address) 708 E. Preston St.

Filed

37681

HEALTH DEPARTMENT—CITY OF BALTIMORE

37681

CERTIFICATE OF DEATH X 159

Registered No.

1. PLACE OF DEATH St Agnes Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens Ave St., 26-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Spencer (Howell Spencer) If U. S. Veteran specify WAR

(a) Residence: No. 4123 Frederick Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal.	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 25-1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
4 hours			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ernest Spencer Sr.

14. BIRTHPLACE (city or town) (State or country) Bel Acton Maryland

MOTHER

15. MAIDEN NAME Hilda Evans

16. BIRTHPLACE (city or town) (State or country) Near Berea Penna

17. INFORMANT Mr Ernest H Spencer Sr

(Address) 4123 Frederick Road

18. BURIAL, CREMATION, OR REMOVAL

Place Forrest Park Date July 26 1937

19. UNDERTAKER C. W. & B. Hubbert & Son

(Address) 822 Eutaw Place

20. FILED Register Baltimore, Md

JUL 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1937, to ..., 19...

I last saw him alive on July 25, 1937 Death is said to have occurred on the date stated above, at 11:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Karl F. Mech M.D.

(Address) St. Agnes Hospital

37682 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 37682

CERTIFICATE OF DEATH

1072

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4314 Belvieu Ave St. 28-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 7 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward Raoul Bourbon

(a) Residence: No. 4314 Belvieu Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Nov 19 1935

7. AGE	Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
	1	8	7 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME August J. Bourbon

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Gertrude May Reilly

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT August J. Bourbon
(Address) 4314 Belvieu Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date July 28, 1937

19. UNDERTAKER Henry H. Armbrust
(Address) 4204 Ridgewood Ave.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/25 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/24 1937, to 7/25 1937

I last saw him alive on 7/25 1937. Death is said to have occurred on the date stated above, at 6:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. E. Krauer M.D.

(Address) 1600 Linden Ave Hyds Park

F 37683

37683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 7th E Eldy St., 5-V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Abraham L. Cromwell

(a) Residence: No. 1416 7th E Eldridge St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Cromwell

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Curator Herbs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1886

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER FATHER

13. NAME Benjamin Cromwell

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Amelia Bond

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Mary Downs
(Address) Bacto, Co.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date July 27 1937

19. UNDERTAKER Robert McAdams
(Address) 515 Mt Eff Ave Baltimore, Md

FILED JUL 27 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1937, to July 23, 1937.

I last saw h. alive on July 23, 1937. Death is said to have occurred on the date stated above, at 8:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arterio-Sclerosis	
Aortic regurgitation	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J Edward Fisher, M. D.

(Address)

37684 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 37684

CERTIFICATE OF DEATH

131-35c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 22nd Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marcell McCoy

If U. S. Veteran specify WAR .....

(a) Residence: No. 643 Hanover St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of Irene

6. DATE OF BIRTH (month, day, year) 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jonesboro N C

FATHER

13. NAME Ely McCoy

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Margrett Yarbrough

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Lula Robinson

(Address) 1119 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calo Cem Date July 28 1937

19. UNDERTAKER Robert Williams

(Address) 515 N Eden St

20. FILED JUL 27 19 Washington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1937, to July 24, 1937

I last saw him alive on July 24, 1937. Death is said to have occurred on the date stated above, at 5 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	
Hypertensive Cardio-Renal Vascular disease	

Other contributory causes of importance:

Uremia. (Also had) Lymphogranuloma inguinale

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M J Nicholson M. D.

(Address) University Hosp

M. H. D. 1268-9

F 37685

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37685

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ... ds. How long in U. S. If of foreign birth, ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Louis Repp

(a) Residence: No. Ridge Road-Route 2 Raspeburg, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Frances May Repp

6. DATE OF BIRTH (month, day, year) Dec 24th 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.E. Crook Co.,

10. Date deceased last worked at this occupation (month, day, year) July 1937

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Repp

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Catherine Rathgraber

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs Frances May Repp
(Address) Route 2-Raspeburg, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date July 28th 1937

19. UNDERTAKER J. M. Buckingham & Sons
(Address) Ridge Rd Raspeburg

20. Filed July 27 1937 Eugene Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fire Burns	7-23

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of July 23 1937

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Auto struck by Safety

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) Eugene Williams M. D.
Coroner

(Address) 707 N Charles

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37686 108 F 37686

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Penitentiary Hosp St. 21-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. 4 mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bernard Walters

(a) Residence: No. 954 Forrest St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma Lucy Walters

6. DATE OF BIRTH (month, day, year) Mar 15 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1686

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Rudolph Walters Colored

14. BIRTHPLACE (city or town) (State or country) Vienna Austria

MOTHER

15. MAIDEN NAME Lena Lesser

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Bernard Walters
(Address) 307 Scott St, Balto

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date July 26, 37

19. UNDERTAKER Wm. J. Trickett & Son
(Address) North & Pulaski

20. FILED JUL 27 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 12 24 1935 to July 26 24 1937

I last saw him alive on July 26 24 1937. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7-17-37
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John F. Aubrey M. D.

(Address) Md. Pen. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37687 F 37687

CERTIFICATE OF DEATH

124 B

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St. Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Roehm

(a) Residence: No. 4305 Edgehurst Gordon Rd. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 4, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York N. Y.

FATHER

13. NAME August Roehm

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Heckman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anita Cromwell

(Address) 441 Whitridge Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk Date July 28, 1937

19. UNDERTAKER Wm. J. Tackett & Son

(Address) North & Pace Aves.

20. FILED [illegible] Registrar.

JUL 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 16 1937 to 19

I last saw her alive on July 24 1937 Death is said to have occurred on the date stated above, at 2.40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerotic heart disease	
Chirrosis of the liver (Cause)	
Other contributory causes of importance: Generalized arteriosclerosis	
ascites	

Was an operation performed? no Date of no

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? non (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury none

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. C. Burns M. D.

(Address) Univ. Hospital

Spec.—130—M. & T.—250 Bks.

F 37688

37688

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 N. Carey ST. 19-2 WARD)

2-FULL NAME William E. Gray

(a) RESIDENCE NO. 216 N. Carey ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M.	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Beatrice Gray

6 DATE OF BIRTH (month, day, and year) Nov. 26 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lab.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md.
(State or country)

PARENTS

10 NAME OF FATHER Wm. Gray

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.
(State or country)

12 MAIDEN NAME OF MOTHER Nancy (?)

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.
(State or country)

14 Informant Beatrice Gray
(Address) 216 N. Carey St

Filed JUL 27 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23-37

17 I HEREBY CERTIFY, That I attended deceased from July 5, 1937, to July 23 1937, that I last saw h... alive on July 23, 1937, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

(a) acute Nephritis

(duration) ... yrs. mos 21 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical Sub.

(Signed) H. M. Williams, M. D.

7-24 (19 37) (Address) 201 N. Carey St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cemty

DATE OF BURIAL July 26 1937

20 UNDERTAKER Wells & Gray

ADDRESS 134 N. Howard

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 32689

7689

824

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 Ward St., 21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Houston

(a) Residence: No. 1721 Ward St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charlotte Houston

6. DATE OF BIRTH (month, day, year) May 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	2	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Washington D.C.
(State or country)

FATHER

13. NAME Steven Houston

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Scott
(State or country)

17. INFORMANT Charlotte Houston
(Address) 1721 Ward St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date July 27, 1937

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St.

20. FILED July 27 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1937, to July 23, 1937

I last saw h. alive on July 23, 1937. Death is said to have occurred on the date stated above, at. 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-20-37
Arteriosclerosis	?

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward J. Thelan, M. D.

(Address) 682 Washington Blvd

F 37690 HEALTH DEPARTMENT—CITY OF BALTIMORE

82a F 37690

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2430 Druid Hill St. 23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daisy Coombs

If U. S. Veteran specify WAR

(a) Residence: No. 2430 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Coombs

6. DATE OF BIRTH (month, day, year) Feb. 8, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Curtis

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Alsup

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Isaac Coombs
(Address) 2413 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date July 29, 1937

19. UNDERTAKER Mrs Katie R. Williams
(Address) 522 N Schroeder St

20. FILED July 29, 1937 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/23, 1937 to 7/25, 1937

I last saw h[illegible] alive on 7/24, 1937 Death is said to have occurred on the date stated above, at 10:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
& Paralysis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Huntington Williams, M. D.

(Address) 2413 Druid Hill Ave.

37691 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 37691 #2757

CERTIFICATE OF DEATH

8 2a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Matthews

If U. S. Veteran specify WAR

(a) Residence: No. 732 Waesche St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Celia

6. DATE OF BIRTH (month, day, year) 7/17/1881 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56 ?	56?	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown 6040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Susan Ward

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date July 27, 37

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St.

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1935, to July 24, 1937.

I last saw h[illegible] alive on July 24, 1937. Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-23-37
Arteriosclerosis	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lamielle M. D.

(Address) Baltimore City Hospitals

37691 LC 1111

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37692

CERTIFICATE OF DEATH

131 F 37692

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 130 E Carey St., 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H Thomas

If U. S. Veteran specify WAR .....

(a) Residence: No. 130 E Carey St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Thomas

6. DATE OF BIRTH (month, day, year) mar 1864?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West River md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME Jane " "

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Mrs Maud Wallace
(Address) 1308 n Carey st.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Cemetery Date 7/27 1937

19. UNDERTAKER Thos. E. Kelson
(Address) 1303 Presstman St Huntington Pittsburgh, Md

DEC 27 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/24, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/10, 1937, to 7/24, 1937

I last saw him alive on 7/20, 1937. Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. nephritis	
Uremia	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Ben Reuth M. D.

(Address) 213 Dumbarton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37693 — CERTIFICATE OF DEATH — 34-59 — F 37693

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St., W Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martina Albert — If U. S. Veteran specify WAR

(a) Residence: No. 741 W. Mulberry St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Albert

6. DATE OF BIRTH (month, day, year) Sept 17, 1872

7. AGE	Months	Days	If LESS than 1 day, hrs. or min.
64 years	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 7/1931

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

FATHER

13. NAME John White

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eliz. Pinkett

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John Albert (H). (Address) 741 W Mulberry St

18. BURIAL, CREMATION, OR REMOVAL. Place East New Market Md. Date 7/28 1937

19. UNDERTAKER Chas. E. Cooke (Address) 514 N. Calhoun St

FILED JUL 27 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 2 1937, to July 25 1937

I last saw her alive on July 25 1937. Death is said to have occurred on the date stated above, at 11 3/4 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	7/25/37
Other contributory causes of importance: Diabetes mellitus Syphilis (latent) Uterine fibroids Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) M J Nicholson M. D.

(Address) University Hosp

E 37694

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37694

CERTIFICATE OF DEATH

12-153 E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 Burkwood Place St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

If U. S. Veteran specify WAR

2. FULL NAME Catharine Mullady

(a) Residence: No. 305 Burkwood St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Mullady.

6. DATE OF BIRTH (month, day, year) Apr 23 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	88	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Croghan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Quinn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thos Mullady
(Address) 305 Burkwood

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cemetery Date 7/28/37

19. UNDERTAKER J. J. Foley & Son
(Address) 1215 Light St.

20. FILED JUL 27 1937
Registrar.

Huntington Whitehead, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1934, 19 34, to July 26, 1937

I last saw h[er] alive on July 25, 1937. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor Left Female Breast, probably Malignant,	June 37
Other contributory causes of importance: Senility, Cervical Sclerosis,	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Charles L Mills M. D.

(Address) 5276 Park Hgts ave.

F 37695

HEALTH DEPARTMENT—CITY OF BALTIMORE

37695 CERTIFICATE OF DEATH X 95B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel T. Weaver.

(a) Residence: No. 75 Municipal Road, Dundalk St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Edna M. Weaver

6. DATE OF BIRTH (month, day, year) March 7 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 2009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Samuel T. Weaver

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Matilda ?

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs Edna M. Weaver
(Address) 75 Municipal Rd Dundalk

18. BURIAL, CREMATION, OR REMOVAL
Place Union, Pa. Date 7/27/37

19. UNDERTAKER Wm. J. Pickens Sons
(Address) Mount Washington

20. FILED ... 19 ... Registrar
Huntington Hillmead, Md
27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1937, to July 26, 1937

I last saw h. alive on July 26, 1937. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis Selerotic Hypertrophic	2 yrs.
Amoebic Dysentery	5 days.
Cerebral Embolus	1 day
Bronchopneumonia	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Frank K. Stephenson M. D.

(Address) St. Joseph Hosp.

37696 ✓ F 37696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 N. Green St St., 11-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....da.

2. FULL NAME James Rokos

If U. S. Veteran specify WAR .....

(a) Residence: No. 406 N. Green St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Waiter 0070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT George Agnew

(Address) 4905 Litchfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Bordeaux Date July 27, 19 37

19. UNDERTAKER O'Meara Bros

(Address) 1213 St Paul St

20. FILED July 27 1937, 19 ... Registrar

Lexington Thursday, 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound of Chest	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or Suicide Date of July 19, 193

Where did injury occur? 406 N. Green St Balto.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Shot Self with Pistol

Nature of injury Wound of Chest

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address) 2757 N. Fremont

V S 6

37697 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37697

CERTIFICATE OF DEATH

Registered No. 953

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. 1 St., 5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME Isaac J. Jenkins

(a) Residence: No. 3306 Pocahontas St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Bessie

7. DATE OF BIRTH (month, day, year) 1880

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1943

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dr Louis J. Kaplan

(Address) 3306 Pocahontas ave

18. BURIAL, CREMATION, OR REMOVAL

Place Shaarai Shomayim Date July 27 37

19. UNDERTAKER Fol Levinson & Bros

(Address) 116 W. Fayette ave

20. FILED ..... 19.... Registrar.

JUL 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 13 1937 to July 27 1937

I last saw h alive on July 27 1937 Death is said to have occurred on the date stated above, at 7.02 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion (Cerebral)	July 20-37
Emphysema	July 13-37
Bronchitis	1917

Other contributory causes of importance:

Pulmonary Edema	July 26-7/37
Arteriosclerotic Heart Disease	1930

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Bernard Libman, M. D.

(Address) Sinai Hospital

F 37698 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37698

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 39 yrs. ... mos. ... ds.

2. FULL NAME Morris Wohlmuth

If U. S. Veteran specify WAR .....

(a) Residence: No. Emerson Hotel St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woolen mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czechoslavakia

FATHER

13. NAME William Wohlmuth

14. BIRTHPLACE (city or town) (State or country) Czechoslavakia

MOTHER

15. MAIDEN NAME Rosa ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr Louis Wohlmuth (Address) Pinkney Rd Park Heights ave

18. BURIAL, CREMATION, OR REMOVAL Place Friendship Date July 28 1937

19. UNDERTAKER Sol Levinson & Bros (Address) 1126 W. North ave

20. FILED ..... 19 ..... Registrar.

JL 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to July 26 1937

I last saw h[illegible] alive on July 26 1937. Death is said to have occurred on the date stated above, at 7.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pulmonary oedema	July 26
Subacute bacterial endocarditis	April 1937

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Bernard Libman, M. D.

(Address) Sinai Hospital

37699 # HEALTH DEPARTMENT—CITY OF BALTIMORE #12719 CK

E 37699

CERTIFICATE OF DEATH

Registered No. 26-V 958

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William H. Smith

(a) Residence: No. No Home St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married (sep.)

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 1867 ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ? unknown

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ? unknown

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of Baltimore City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL JUL 27 1937
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1937

22. I, HEREBY CERTIFY, That I attended deceased from July 1, 1937 to July 19, 1937

I last saw him alive on July 19, 1937 Death is said to have occurred on the date stated above, at 7.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular disease	1928
Coronary occlusion	7-19-37
Other contributory causes of importance: Cerebral hemorrhage	1927

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

27 1937 3383 17

37700 — 23 — F 37700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

H-1

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Simpson (23514)

(a) Residence: No. 233 Berkley Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 23, 1896

7. AGE	Years	Months	Days	If LESS than 1 day..hrs. or ..min.
	41	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Richard

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Emma

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date JUL 27 1937
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED 19.. Registrar.

JUL 27 1937 3864 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1937 to July 21, 1937

I last saw him alive on July 21, 1937 Death is said to have occurred on the date stated above, at 9:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Dec 1936
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Leo M. Curtis M. D.
(Address) Baltimore City Hospitals

F 37701

37701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 11037--C. G. K.

1. PLACE OF DEATH

Registered No. 16-1 34 C

CITY OF BALTIMORE: (No. Baltimore City hospital St. Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ralph Hawkins

If U. S. Veteran specify WAR

(a) Residence: No. Unknown St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leita (D)

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles (D)

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma (D)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL JUL 27 1937

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED 19 Registrar

7-27-1937 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-22 1937

22. I HEREBY CERTIFY, That I attended deceased from June 19 1937 to 7-22 1937

I last saw him alive on 7-22 1937. Death is said to have occurred on the date stated above, at 8.35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure.	
Luetic heart disease	?
Other contributory causes of importance:	
Luetic ulcer r. pungrene rt. foot	1925

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Lee K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

7702 V F 27702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

953

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St., 38 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John C. Schreiner

If U.S. Veteran specify WAR

(a) Residence: No. German Aged Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Schreiner

6. DATE OF BIRTH (month, day, year) March 6, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Johann Schriner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Sander

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records-German Aged Home
(Address) Athol Ave., Irvington

18. BURIAL, CREMATION, OR REMOVAL
Place First German Evangelical Ch. Date July 28 37

19. UNDERTAKER
(Address) 1003 W. Baltimore St.

27 1937 Huntington Nathanson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb.1/1937 19 to July 25/37. 19

I last saw h im alive on July 23/37. 19 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows: Date of onset

Unknown.

Chronic Arterio-Sclerosis.

Other contributory causes of importance:

Unknown.

Chronic Cardiac Hypertrophy.

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signature) Henry Heads Schneider Jr. M.D.

(Address) 933 Hanover St.

M. D. B 1268-9

27703 E 27703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1070

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 W. West St. St., 23-1 Ward)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Albert W. Scott.(c)

(a) Residence: No. 124 W. West St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) January 6, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Scott.(c)

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME Lennie Wilson.(c)

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Joseph Scott.(c) father

(Address) 124 W. West St.

18. BURIAL, CREMATION, OR REMOVAL

Place W. Laurel Date July 29, 37 19

19. UNDERTAKER Chas. L. Bowers

(Address) Elkridge, Md.

July 27 1937 19 Huntington Williams, MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	
unknown.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm. H. Leonard M. D.
Coroner

7/27/37 (Address) 1017 S. Charles St.

37704 E 37704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 834 Hampson St., 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Avon Harris Selby

If U. S. Veteran specify WAR .....

(a) Residence: No. 834 Hampson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 10, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	46 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME Ignatius Selby

14. BIRTHPLACE (city or town) Balto. Md
(State or country)

MOTHER

15. MAIDEN NAME Lucille Jordan

16. BIRTHPLACE (city or town) Balto. Md
(State or country)

17. INFORMANT Lucille Selby
(Address) 834 Hampson St.

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL JUL 27 1937
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED JUL 27 1937 Huntington Williams Registrar.

3368 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25. 1937

22. I HEREBY CERTIFY, That I attended deceased from June 10 1937 to July 25 1937

I last saw him alive on July 25 1937. Death is said to have occurred on the date stated above, at 3 39 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature - 7 mos.	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Geo. H. Pendleton M. D.

(Address) 416 Wilson St

37705 E 37705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 9-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Conrad Pilgrim (23852)

If U. S. Veteran specify WAR

(a) Residence: No. 921 Homestead St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Pilgrim

6. DATE OF BIRTH (month, day, year) Aug. 28, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0059

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eva E. Ulrich

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mowland Mem Pk Date 7/29/37

19. UNDERTAKER Philip Stewart Sons

(Address) 2016 E Oliver St

20. FILED [illegible] Registrar.

1937 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1937 to July 26, 1937

I last saw him alive on July 26, 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cerebral Hemorrhage	7/24/37
Other contributory causes of importance:	
Pulmonary tuberculosis	1936

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

NO If so, specify

(Signed) E. M. Curtis M. D.

(Address) Baltimore City Hospitals

37706 E 37706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St., 6 3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Osler
If U. S. Veteran specify WAR .....

(a) Residence: No. 12 N. Madeira St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Child.

6. DATE OF BIRTH (month, day, year) Oct. 2 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	9	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME John. C. Osler
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER
15. MAIDEN NAME Mary Rotta
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) 12 N. Madeira St.

18. BURIAL, CREMATION, OR REMOVAL Place St Mathews Date July 27, 1937

19. UNDERTAKER Wendell Dobbyn (Address) 1665 Druid Hill Ave

20. FILED ..... 19 ..... Registrar.

JL 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1937 to July 25, 1937
I last saw him alive on July 25, 1937. Death is said to have occurred on the date stated above, at 6.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Poliomyelitis	
Other contributory causes of importance: Respiratory Paralysis	July 25

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard H. Pemberton M. D.
(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

37707 CERTIFICATE OF DEATH 46 F 37707

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 N. Spring St., 4-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Cherry

U.S. Veteran specify WAR

(a) Residence: No. 1704 N. Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married.

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Francis Cherry

7. DATE OF BIRTH (month, day, year) unknown

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	Appro 68	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction & Builder

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portsmouth Va

13. NAME Henry Cherry

14. BIRTHPLACE (city or town) (State or country) Portsmouth Va

15. MAIDEN NAME Mary Jane Connor

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs Mary A Cherry (Wife)

(Address) 1704 N Spring St.

18. BURIAL, CREMATION, OR REMOVAL

Place Evergreen Cemetery Date July 28 1937

19. UNDERTAKER Robert L. Young. Per mis Ida B Bayley

(Address) 1621 Jefferson St

FILED JUL 27 1937 Lexington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan ' 1937 to July 25, 1937

I last saw him alive on July 24, 1937. Death is said to have occurred on the date stated above, at 2:10 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Pancreas	Jan 1937
Other contributory causes of importance: Metastasis to Liver	Jan 1937

Was an operation performed? Yes Date of Jan 1937

For what disease or injury? Pancreatic Cyst. Carcinoma

What test confirmed diagnosis? Physical & Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. T. Young M. D.

(Address) 1424 E Monument St

Regus G Parker ✓ E 37708

37708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Key Highway St., 20-6 Ward)

Length of residence in city or town where death occurred 4 yrs. 10 mos. 7 dys. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Regnes G. Parker — If U. S. Veteran specify WAR None.

(a) Residence: No. 2927 Frederick Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Aug. 28-1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) July 22-1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Henry Parker

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME ~~Eastwood~~ Katie Regus.

16. BIRTHPLACE (city or town) (State or country) Baltimore - Md.

17. INFORMANT Harrison B. Parker
(Address) 600 E Burgess Ave. Balto Md.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park. Date July 28- 1937.

19. UNDERTAKER Charles J. Schwab.
(Address) 505 N. Monroe St.

20. FILED — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: Meningitis due to Pneumococcus. — Date of onset July 25-1937

Other contributory causes of importance: None

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Bond St.

V 8 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

37709 CERTIFICATE OF DEATH 131 F 37709

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 S. Clinton St., 26-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs...mos...ds. How long in U. S. If of foreign birth? ...yrs...mos...ds.

2. FULL NAME Peter Schneider

If U. S. Veteran specify WAR

(a) Residence: No. 905 S. Clinton St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Kunigunda Schneider

6. DATE OF BIRTH (month, day, year): Feb 13 1871

7. AGE: Years 66 | Months 5 | Days 12 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany.

FATHER

13. NAME: Franz Schneider

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Bäetz

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Kunigunda Schneider Wife
(Address) 905 S. Clinton St

18. BURIAL, CREMATION, OR REMOVAL
Place: Sacred Heart Date: July 28 1937

19. UNDERTAKER: Lilly & Zirkel Inc.
(Address) 403 N. Wolfe St.

20. FILED: JUL 27 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 25th 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/2 1937 to 7/25 1937

I last saw him alive on 7-25- 1937 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	9/37
	3/37
Other contributory causes of importance:	
Chronic Interstitial Nephritis	7/37

Was an operation performed? No Date of

For what disease or injury? No

Name of operation Date of No

What test confirmed diagnosis? Clinical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of Injury No

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Daniel Miller, M. D.

(Address) 1550 N Broadway

EIRING

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37710

CERTIFICATE OF DEATH

131 F 37710

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 27th Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lena Eiring

If U. S. Veteran specify WAR

(a) Residence: No. 5613 Benton Heights St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George F. Eiring

6. DATE OF BIRTH (month, day, year) [illegible] 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible] 1927

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME George Foerter

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Anna Wagner

16. BIRTHPLACE (city or town) (State or country) Shaftsburg Pa.

17. INFORMANT Geo. J. Eiring.
(Address) 5613 Benton Heights

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 29 37

19. UNDERTAKER Tilly & Zeiler for
(Address) 405 N Wolfe St

20. DATE RECEIVED JUL 27 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 2 - 1937 to July 26 1937

I last saw her alive on July 26 1937 Death is said to have occurred on the date stated above, at 12.09 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	July 21-1937
Chronic nephritis	1934
Hypertension	1934
Cardiac failure	June 1937

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irvin Sauber M. D.

(Address) Sinai Hospital

37711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8 20 F 37711

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1517 John St., 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jennie E. Hooke

If U. S. Veteran specify WAR .....

(a) Residence: No. 1517 John St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word) Widow

6a. If married, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Michael J. Hooke

6. DATE OF BIRTH (month, day, year) Nov. 6-1856

7. AGE — Years 80 | Months 8 | Days 19 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nash, N.C.

MOTHER FATHER

13. NAME James McClenahan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Fitzpatrick

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Rosie Hooke (Address) 1517 John St.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date July 27, 1937

19. UNDERTAKER John A. Mahoney (Address) 2000 E. Baltimore St.

20. FILED ... 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/25th 1937

22. I HEREBY CERTIFY, That I attended deceased from July 22 1937 to July 25 1937

I last saw her alive on July 25 1937 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension	
Other contributory causes of importance: Cerebral hemorrhage	
Nephritis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Usual Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. J. Kelly M. D.

(Address) 1106 North Ave.

F 37712

37712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 2215 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds

If U. S. Veteran specify WAR

2. FULL NAME Esther Morris

(a) Residence: No. 2210 Rogers Ave St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 23 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	1	34	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Edward Morris

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Celia Schneider

16. BIRTHPLACE (city or town) (State or country) Germ

17. INFORMANT Mr Morris

(Address) Greenspring Manor

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Md. Date July 28, 1937

19. UNDERTAKER David Sondheim & Son

(Address) 1902 Eastern Ave

20. FILED JUL 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/27/1937

22. I HEREBY CERTIFY, That I attended deceased from July 23- 1937 to July 27- 1937

I last saw her alive on July 27 1937 Death is said to have occurred on the date stated above, at 5:18 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1934
Cardiac Failure	Oct. 1936

Other contributory causes of importance:

Pulmonary Edema	July 20-1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury....., 19....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

No If so, specify

(Signed) Bernard Lichman, M. D.

(Address) Sinai Hospital

27713

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27713

CERTIFICATE OF DEATH

93D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 932 Chauncey Av St. 13-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adolph Zinser

If U. S. Veteran specify WAR .....

(a) Residence: No. 932 Chauncey Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clementine Zinser

6. DATE OF BIRTH (month, day, year) Sept 15-1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Express Agent

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Zinser
(Address) 932 Chauncey Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Bolt Adrm Date July 28 1937

19. UNDERTAKER Woodsonellem & Son
(Address) 1402 Eutaw St

27 1937 Huntington Avenue Register

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27th 1937

22. I HEREBY CERTIFY That I attended deceased from July 15 1937 to July 27 1937

I last saw him alive on July 27 1937. Death is said to have occurred on the date stated above, at 9:40 A.M.

The principal cause of death and related causes of importance were as follows:

Generalized Arteriosclerosis — Senility — Myocardial Insufficiency

Date of onset

Other contributory causes of importance

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Leroy Reinhold

(Address) Temple Gardens Apts

M. D. H. 1268-9

✓ F 37714

HEALTH DEPARTMENT—CITY OF BALTIMORE

2714 112

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2808 Coldspring Lane St., 15-13 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Julius Berkowitz

(a) Residence: No. 2808 Coldspring Lane St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Sarah Berkowitz

6. DATE OF BIRTH (month, day, year) 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham Berkowitz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Annie —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Mr. J. B. Berkowitz (Son) 1657 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL Place Shaw Cemetery Date 7-27- 1937

19. UNDERTAKER (Address) Jacob Penza Inc. 1729 E. Baltimore St

20. FILED 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-27- 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis and Congestion of Lungs (Uremia)	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. Wellington Carter M. D.
Coroner

(Address) 1215 Hanover

37715 E 37715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2920 Mosher St. 16-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James P. Driscoll

If U. S. Veteran specify WAR

(a) Residence: No. 2920 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia C. Driscoll (nee Br[illegible])

6. DATE OF BIRTH (month, day, year) Jan. 21, 1873.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0014

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Dennis Driscoll

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME McGovern

16. BIRTHPLACE (city or town) (State or country) U. S. A.

17. INFORMANT Mrs. Sophia C. Driscoll
(Address) 2920 W/ Mosher St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 28, 1937

19. UNDERTAKER Harry A Miller
(Address) 2101 Jamieson Ave.

20. FILED 19 Registrar

Huntington Whitesides, M.D.

7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 21st 1937 to July 25 1937

That I saw h[illegible] alive on July 25 1937 Death is said to have occurred on the date stated above, at 8:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Renal hypertension	
Cerebral hemmorhage	7/21/37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Visual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Earle S Kemp M. D.

(Address) 3035 Edmondson Ave

37716 E 37716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Union Memorial Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Worthington Hewes. If U. S. Veteran specify WAR

(a) Residence: No. 2246 Brookfield ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 22 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 0029

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bonwit Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John K Hewes

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Maria Denny.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Marion Denny Hewes
(Address) 2246 Brookfield Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Date July 28 1937

19. UNDERTAKER Hilgis & Johnson Inc
(Address) 4240 N. Charles Way

20. FILED JUL 27 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1937, to July 26, 1937

I last saw him alive on July 26, 1937 Death is said to have occurred on the date stated above, at 1 1/4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of humerus	?
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Biopsy Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frank M. Weaver M. D.

(Address) Union Memorial Hospital

37717 F 37717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Isaac Cumberland

(a) Residence: No. 105 W. Conoway St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Cumberland

6. DATE OF BIRTH (month, day, year) April 15, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Isaac Cumberland

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Dowing

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Bertha Cumberland

(Address) 105 W, Conoway St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Date July 29th 1937

19. UNDERTAKER Joseph A. Lisle

(Address) 1911 Mount Ave

27 1937 (Date) ..... Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day) July 26, 1937 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm of Aorta (Rupture)	
Other contributory causes of importance:	

Was an operation performed? Date of .....

For what disease or injury? .....

Name of operation Date of .....

What test confirmed diagnosis Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible] Coroner

F 37718

37718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Frances Shuffleb

(a) Residence: No. Prince Frederick Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 15, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Daniel Shuffleb

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Anna E. Meyers

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Daniel Shuffleb
(Address) Prince Frederick Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St Johns Cem Date July 28 1937

19. UNDERTAKER Easton Sons
(Address) Easton Md

20. FILED July 27 1937 at Prince Frederick, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1937.

22. I HEREBY CERTIFY, That I attended deceased from 7-24-37 to July 27, 1937

I last saw her alive on July 27, 1937. Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nutritional diarrhoea	7-19-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Walter Neary Gerwig, Jr. M. D.

(Address) University Hospital

719 F 37719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46a #25148 SF

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR S A W

2. FULL NAME Frank Trostle

(a) Residence: No. 1340 McHenry St. St., ...Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Melissa

6. DATE OF BIRTH (month, day, year) 10/12/1873

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
63	63	9	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. brick-layer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. hospital 0011

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME Elish (d)

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Catherine Kohr (d)

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Balto National Date 7-28-1937

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins sts

20. FILED 19..... Registrar.

7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-20, 1937 to 7-25, 1937

I last saw him alive on 7-25, 1937. Death is said to have occurred on the date stated above, at 5-10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma oesophagus	1936
Bronchopneumonia	7/23

Other contributory causes of importance:

Was an operation performed? yes Date of 7/22

For what disease or injury? Carcinoma oesophagus

Name of operation Gastrostomy Yes

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) L.K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

37720 E 37720

37720 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a cc

1. PLACE OF DEATH Baltimore, City Hospitals — Registered No. 1872

CITY OF BALTIMORE: (No.) Bay View St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR Civil War

2. FULL NAME John Lewis

(a) Residence: No. 1621 S. Ellwood Ave. St., 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
abt	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1056

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Charles Lewis

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Margaret Shanes

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs. Hazeloff Kimble Kirk

(Address) 3612

18. BURIAL, CREMATION, OR REMOVAL

Place Balto National Date 7-29 1937

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins Sts

[illegible] 19[illegible]

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart disease	
Coronary Thrombosis	July 27-37

Other contributory causes of importance: Not Known

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood Coroner, M. D.

(Address) 1712 N. Broadway

1937

M. C. B. 1365-8

F 37721

7721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert S. Duck

(a) Residence: No. Old Frederick Road & Charing Cross Ward. .....
(Usual place of abode) Catonsville, Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) November 17, 1883

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	53	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chesapeake SS Co

10. Date deceased last worked at this occupation (month and year) May 1937

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Dr. Charles E. Duck

14. BIRTHPLACE (city or town) (State or country) Brooklyn New York

MOTHER

15. MAIDEN NAME Susan S. Sheppard

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Susan S. Duck

(Address) Old Frederick Rd & Charing Cross Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date July 28, 1937

19. UNDERTAKER 1003 W. Baltimore St.

(Address)

20. FILED ... 19... Registrar.

7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laceration of the brain.	
Pistol shot wound of right temple.	
Suicide.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 7/26/37

Where did injury occur? Catonsville Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Pistol shot wound.

Nature of injury Laceration of the brain.

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Otto M. Reinhardt X M. D.
Coroner

7/27/37 (Address) 1017 S. Charles St.

37722 ✓ F 37722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45E

1. PLACE OF DEATH — #20592- CGK — Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 13-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Burton — If U. S. Vet. specify WAR No Record

(a) Residence: No. 818 Newington Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) ✓ 3/10/72

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 006

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) High Point N.C.

FATHER

13. NAME Calvin Burton

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Catherine Berry

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMANT Records of Balto. City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place High Point N.C. Date July 28th 1937

19. UNDERTAKER Wm Cook (Address) 1217 St Paul st

FILED 19 Registrar

JUL 28 1937

28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-26 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-18 1937 to 7-26 1937

I last saw him alive on 7-26 19 Death is said to have occurred on the date stated above, 10-25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of tonsil	1935
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) L.K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

37723 ✓ F 37723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53c

22787-CGK Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 154 Ward)

Length of residence in city or town where death occurred 42 yrs. 11 mos. 26 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

2. FULL NAME Clarence A. Greenstreet

(a) Residence: No. 3621 4th St. Brooklyn St., ...Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

6a. If married, widowed, or divorced HUSBAND of WIFE of Lillian Greenstreet

6. DATE OF BIRTH (month, day, year) July 31, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME John Greenstreet

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Victoria Martin

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records of Balto. City Hospital (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date July 28, 1937

19. UNDERTAKER John B. Jenny (Address) 715 Light St.

20. FILED ..., 19... Registrar.

JUL 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-17, 1937 to 7-25, 1937

I last saw h(e) alive on 7-25, 1937. Death is said to have occurred on the date stated above, at 7:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebellar tumor	Jan. 1937 ?
Pneumonia	
Other contributory causes of importance: (6m)	

Was an operation performed? No Date of

For what disease or Injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Woodward Jr. M. D.

(Address) Balto. City Hosp.

F 37724

HEALTH DEPARTMENT—CITY OF BALTIMORE

7724

CERTIFICATE OF DEATH

930

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 N. Linwood Ave. St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME JACOB SCHMIDT

(a) Residence: No. 6 N. Linwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) Dec. 30.1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	6	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborere 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Copper Works

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Jacob Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Thamert

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Margaret Schiminger (Sister)

(Address) 6 N. Linwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Mt. Carmel Cem. Date July 28, 1937

19. UNDERTAKER HENRY SANDER & SONS. INC. Henry J. Sander

(Address) Baltimore & Broadway.

20. FILED JUL 28 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25.1937

22. I HEREBY CERTIFY, That I attended deceased from 7-24, 1937 to 7-25, 1937

I last saw h alive on 7-25, 1937 Death is said to have occurred on the date stated above, at 10.30a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocardial degeneration	8 mos
Other contributory causes of importance: arteriosclerosis	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) John J. Gould, M. D.

(Address) 14 N. East Ave.

✓ F 37725

37725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 F

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2505 Sidney Ave. St., 25-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Inez L. Gordon

(a) Residence: No. 2505 Sidney Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hugo B. Gordon

6. DATE OF BIRTH (month, day, year) June 20th. 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	34	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME James Cubbage

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Effie Jenkins

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mr. Hugo B. Gordon
(Address) 2505 Sidney Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Cem. Date 7/28/37 19

19. UNDERTAKER Geo L. Beyer Jr
(Address) 1512 Hollins St.

FILED ... 19 ... Registrar.
JUL 29 1937 ... Supervising Registrar, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/25 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/15 1937 to 7/25 1937

I last saw her alive on 7/25 1937 Death is said to have occurred on the date stated above, at 6 20 P. m.

The principal cause of death and related causes of importance were as follows:

Malignancy of Ovaries — Date of onset —

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) W. C. Hargrove M. D.

(Address) 1945 W. Fitts

37726 ✓ F 37726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 Dolphin St. St. 11-4 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bessie Leach Varian

(a) Residence: No. 307 Dolphin St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Miles A. Varian

6. DATE OF BIRTH (month, day, year) March 12th. 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	4	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. J.

13. NAME William Baker

14. BIRTHPLACE (city or town) (State or country) N. J.

15. MAIDEN NAME Julia Dickinson

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Mr. Horace L. Varian
(Address) 307 Dolphin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Cem. Date 7/28/37. 19

19. UNDERTAKER Geo. L. Beyer Jr
(Address) 1512 Hollins St.

20. FILED JUL 28 1937 H. E. Wilmer, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1937, to July 26, 1937

That I saw h[illegible] alive on July 26, 1937 Death is said to have occurred on the date stated above at 2.29 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	2
Metastasis	
Other contributory causes of importance: Intestinal Hemorrhage	7/26/37
Pulmonary Embolism	7/27/37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Surgical Exploration Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James L. Kirkpatrick M. D.

(Address) 721 Medical Arts

37727 ✓ F 37727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46B

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 725 E. Chase St. 10-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary W. Neuschafer
If U. S. Veteran specify WAR .....

(a) Residence: No. 725 E. Chase St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of the late John C. Neuschafer

6. DATE OF BIRTH (month, day, year) Dec. 14 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Belfast Ireland

FATHER
13. NAME Andrew Kennedy
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Jane Scott
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Mary E. Reilly
(Address) 725 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date July 30 1937

19. UNDERTAKER Henry Hauck's Sons, Inc.
(Address) 1301 E. Eager St.

20. FILED 1937 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1937 to July 27 1937
I last saw h[illegible] alive on July 27 1937 Death is said to have occurred on the date stated above, at 7.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?
Other contributory causes of importance: Infirmities of age	

Was an operation performed? none Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Thos. H. Magruder M. D.
(Address) 14 E. Mount St.
7-29-37.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37728

23

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. U-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Emily Event

(a) Residence: No. 3625 Cedarbrook Road St., Ward. Cleveland, Ohio.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mr. Laurence Event

6. DATE OF BIRTH (month, day, year) April 19, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or Business in which work was done, as silk mill, saw mill, bank, etc. Own home 0037

10. Date deceased last worked at this occupation (month and year) May 1935

11. Total time (years) spent in this occupation 25 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Scott (deceased)

14. BIRTHPLACE (city or town) (State or country) Ellicott City, Md. Maryland

MOTHER

15. MAIDEN NAME Mary B. Raitt

16. BIRTHPLACE (city or town) (State or country) Hanford Co Maryland

17. INFORMANT Laurence Event (Address) 600 W 33 St

18. BURIAL, CREMATION, OR REMOVAL Date July 29/36

Mt. Cathedral

19. UNDERTAKER H. S. Marshall (Address) 3529 Falls Rd

20. FILED JUL 28 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1937 to July 27, 1937

I last saw her alive on July 27, 1937. Death is said to have occurred on the date stated above, at 12 55 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bowels Disease	1930
Lobar Pneumonia	7-23-37

Other contributory causes of importance:

Was an operation performed? yes Date of July 21, 1937

For what disease or injury? Bowels Disease

Name of operation Splenectomy

What test confirmed diagnosis? Blood Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Richard W Reynolds M. D.

(Address) Mercy Hospital

JL 28 1937

F 37729

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37729

186a

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ~~3533 Falls Road~~ St., 13-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice A. McCauley

If U. S. Veteran specify WAR .....

(a) Residence: No. 3533 Falls Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James McCauley

6. DATE OF BIRTH (month, day, year) July 27 - 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Tipton

14. BIRTHPLACE (city or town) (State or country) Howard County Maryland

MOTHER

15. MAIDEN NAME Rebecca Jones

16. BIRTHPLACE (city or town) (State or country) Roanoke Va.

17. INFORMANT Herbert McCauley

(Address)

18. BURIAL, CREMATION, OR REMOVAL Mary's Hamden Date July 29 1937

19. UNDERTAKER A. D. Marshall

(Address) 3538 Falls Road

20. FILED July 29 1937 Harry Whitaker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/27, 1937

Where did injury occur? 3533 Falls Rd. Balto, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down steps

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1914 E. Preston Ave

37730

HEALTH DEPARTMENT—CITY OF BALTIMORE

37730

CERTIFICATE OF DEATH

95 B

Registered No. #18261 37

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Clasing

If U. S. Veteran specify WAR

(a) Residence: No. 719 Mapleton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) 5/6/1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
78	78	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany (State or country)

FATHER

13. NAME Ernest

14. BIRTHPLACE (city or town) Holland (State or country)

MOTHER

15. MAIDEN NAME Matilda VonSchelrz

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oakleaves Date 7/29 1937

19. UNDERTAKER Richard F. Cleary Co. Inc.
(Address) 700 E. Lanvale St.

20. FILED 19 Registrar.

L 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1937 to July 26, 1937

I last saw h alive on July 26, 1937. Death is said to have occurred on the date stated above, at 9:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	July 19 37
Other contributory causes of importance:	
Bronchopneumonia	July 19-37

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lanteile M. D.

(Address) National City Hospitals

37731 ✓ E 37731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Reservoir Street St., 13-2 Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR None

2. FULL NAME Sarah Elizabeth Bradley

(a) Residence: No. 608 Reservoir Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of J. Arthur Bradley

6. DATE OF BIRTH (month, day, year) Sept-16-1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	10	12 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None 0137

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chestertown Maryland

FATHER

13. NAME Samuel Beck

14. BIRTHPLACE (city or town) (State or country) Chestertown Maryland

MOTHER

15. MAIDEN NAME Ellen Constable

16. BIRTHPLACE (city or town) (State or country) Chestertown Maryland

17. INFORMANT Mr. J. Arthur Bradley (husband)
(Address) 608 Reservoir Street

18. BURIAL, CREMATION, OR REMOVAL
Place Chestertown, Md Date July, 29. 37

19. UNDERTAKER: Stewart & Mowen Company
(Address) 108 W. North Avenue

28 1931 19 Registrar.

Chestertown, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July-27-1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1937 to July 27 1937

I last saw her alive on July 27 1937 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Acute Indigestion	

Was an operation performed? No Date of

For what disease or injury?

Name of operation No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wallis O White Jr M. D.

(Address) 2500 St Paul St.

37732 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37732

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital 14-2 10 M Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Helen V. Fields Myers

(a) Residence: No. Elkcott City Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Myers

6. DATE OF BIRTH (month, day, year) 2/19-1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Elkridge Md

FATHER

13. NAME James Fields

14. BIRTHPLACE (city or town) (State or country) Howard Co Md

MOTHER

15. MAIDEN NAME Lydia Talbot

16. BIRTHPLACE (city or town) (State or country) Elkridge Md

17. INFORMANT (Address) Elkridge Md Mother

18. BURIAL, CREMATION, OR REMOVAL
Place Elkridge, Md Date July 28, 1937

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 S Schroeder St.

20. FILED ..... 19 ..... Registrar .....

Elkridge, Md

JUL 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Skull	7-19

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7-19-37

Where did injury occur? Near Ellicott City
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Left cortical I car — Car turned over & struck tree

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Reuben Gundry Otto M. D.
Coroner

(Address) 912 N. Calvert St.

37733 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 37733

CERTIFICATE OF DEATH

820a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 Myrtle Ave Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George H. Carroll Sr

If U. S. Veteran specify WAR .....

(a) Residence: No. 1327 Myrtle Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estella Carroll

6. DATE OF BIRTH (month, day, year) Sept 3 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Carroll

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Lee

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Miss Maurine Carroll

(Address) 1327 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 7-30. 1937

19. UNDERTAKER Lloyd M. Chase & Son

(Address) 223 W. Saratoga

20. FILED ..... 19 ..... Registrar

JUL 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	July 24 1937
Cerebral Hemorrhage	

Other contributory causes of importance: —

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George L. Allen, M. D.

Coroner

(Address) 307 Saratoga St

37734 F 37734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland University Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No.

CITY OF BALTIMORE: (No. 22 N 21 St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Viola Boyer

(a) Residence: No. Glenburnie Md St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas F. Boyer

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Virginia Dorsey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Thomas F. Boyer

(Address) Glenburnie Md

18. BURIAL, CREMATION, OR REMOVAL

Place Magothy Cr Date 7/28/37 19

19. UNDERTAKER Isaac L. Brown & Son

(Address) 08 W Montgomery St

20. FILED 19 Registrar

Aug 2 1937 Attorney for Williams, MD

MEDICAL CERTIFICATE OF DEATH 1010 P

21. DATE OF DEATH (month, day, year) July 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fire Arm (Gun)	7-25-

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 25, 1937

Where did injury occur? Meade Creek - 2 miles beyond (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fighting

Manner of injury Fighting & Struck by

Nature of injury Gun Wound

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert Gentles Cate, M. D. Coroner

(Address) 9212 Lewis Ave

37735 ✓ F 37735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

15-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3204 Presbury St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Mitchell,

If U. S. Veteran specify WAR

(a) Residence: No. 3204 Presbury St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of ----

6. DATE OF BIRTH (month, day, year) Nov. 1. 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Phila. Policeman 2061

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Feb 1930

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Phila. Penna.

FATHER

13. NAME John Mitchell,

14. BIRTHPLACE (city or town) (State or country) Phila. Penna.

MOTHER

15. MAIDEN NAME Sarah Betty.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT John Mitchell,
(Address) 3204 Presbury St.

18. BURIAL, CREMATION, OR REMOVAL
Place Pinewood Cem. Date JUL 29 1937

19. UNDERTAKER Robert S. Little
(Address) 2700 Edmondson Ave.

20. FILED JUL 29 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUL 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937 to July 27 1937

I last saw him alive on July 27 1937. Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	?
myocarditis	Jan 1937.
aortic regurgitation (Rheumatic)	about 1 mo.
Other contributory causes of importance:	
Cystitis.	Jan 1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles Abbott, M. D.

(Address) 2228 Harlem Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37736 F 37736

CERTIFICATE OF DEATH

15-123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Hill (23242)

If U. S. Veteran specify WAR

(a) Residence: No. 1625 N. Calhoun St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 21, 1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Maude ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date July 28. 1937

19. UNDERTAKER J. H. Brooks
(Address) 1453 Cary St

20. FILED JUL 23 1937 Lexington Hill, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1937 to July 26, 1937

I last saw him alive on July 26, 1937 Death is said to have occurred on the date stated above, at 1:15 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs — Date of onset Sept 1931

Other contributory causes of importance: — Date of onset 1932

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. M. Curtis M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

37737

CERTIFICATE OF DEATH

11783 F 37737

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Rosa Lind

If U. S. Veteran specify WAR

(a) Residence: No. 3038 O'Donnell St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Lind

6. DATE OF BIRTH (month, day, year) 8-1-1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records

(Address) 113 S. Ellwood ave

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity (Cem.) Date July 28 1937

19. UNDERTAKER John M. Weber

(Address) 401 S. Chester St.

20. FILED JUL 28 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1937, to July 26, 1937

I last saw h.. alive on July 26, 1937. Death is said to have occurred on the date stated above, at 6.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7-23-37
Other contributory causes of importance: Cerebral hemorrhage	Embolism

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeSanctis M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37738 137 F 37738

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St., 16-7 Ward)

Length of residence in city or town where death occurred 64 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME John Seibert Jockel

(a) Residence: No. 2934 Mosher St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary M. Jockel

6. DATE OF BIRTH (month, day, year): Nov. 10, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor (Retired) 0080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Not KNown

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Wm. Jockel
(Address): 2934 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL: St Pauls, Violetville Date 7/29/37 19

19. UNDERTAKER: H. Hebb & Son
(Address) 2503 Edmondson Ave.

20. FILED 19 JUL 29 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 26, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Retention of Urine	
Uremia (Primary)	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 2757 E. Monument

VS 6

37739 ✓ F 37739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2105 Division St., 14-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Jane Burgess

If U. S. Veteran specify WAR .....

(a) Residence: No. 2105 Division St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed —

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Burgess

6. DATE OF BIRTH (month, day, year) Jan 10, 1865?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) July 1937

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John H. Sorrell

14. BIRTHPLACE (city or town) (State or country) Rappahannock Co Va

MOTHER

15. MAIDEN NAME Emely Jane Howdeshell

16. BIRTHPLACE (city or town) (State or country) Rappahannock Co Va

17. INFORMANT John M. Sorrell

(Address) 578 W Biddle

18. BURIAL, CREMATION, OR REMOVAL

Place Gough Chapel Cem Date 7/29/ 1937

19. UNDERTAKER Frances A. Wemsley

(Address) 578 W Biddle St

23 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 26 1937 to July 26 1937

I last saw her alive on July 25 1937. Death is said to have occurred on the date stated above, at 8:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Stenosis — Failure of Compensation.	
Other contributory causes of importance: Artero Sclerosis — Interstitial Nephritis (Chronic)	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. H. Wright M. D.

(Address) 1209 Pennsylvania Ave

37740 ✓ F 37740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bessie A. Gaskill

(a) Residence No. 1139 Wicomico St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 9, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Albert W. Gaskill

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Bessie M. Tolson

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Bessie Gaskill
(Address) 1139 Wicomico St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mar. Cathedral Date July 29, 19 37

19. UNDERTAKER Armbrust, Inc.
(Address) 1011 N. Eutaw St.

20. FILED JUL 29 1937, 19 ..... Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) R. H. Orchelon M. D.

(Address) 2737 E. Pratt St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37741

CERTIFICATE OF DEATH

94a F 37741

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 N Chester St., 1-6 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Strauss

If U. S. Veteran specify WAR

(a) Residence: No. 1728 N Chester St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Laura L. Strauss

6. DATE OF BIRTH (month, day, year) July 4-1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas-Truck Mission

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Christian Strauss

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Auel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Laura L. Strauss

(Address) 1728 N Chester St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 30 19 37

19. UNDERTAKER J. J. Tickner & Sons

(Address) Lafayette

20. FILED JUL 28 1937 Livingston Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1936 to July 27, 1937

I last saw him alive on July 27, 1937 Death is said to have occurred on the date stated above, at 3:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	12/2/36
Other contributory causes of importance: —	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Clinical Findings

What test confirmed diagnosis? ..... Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Vincent V. Dorka, M. D.

(Address) 2451 Eastern Ave

37742 F 37742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 328 S Poppleton St Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 6 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A. Murphy

If U. S. Veteran specify WAR

(a) Residence: No. 328 S. Poppleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of late John Murphy.

6. DATE OF BIRTH (month, day, year) Jan 4 - 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77.	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work;

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Michael McDermott

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Branning

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Miss Hester Murphy

(Address) 904 Ramsay St

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cem Date 7/30/1937

19. UNDERTAKER John J Cowan & Son

(Address) 901 Hollins St

20. DATE RECEIVED JUL 28 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27th 1937

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1937 to July 27, 1937

I last saw h... alive on July 27, 1937. Death is said to have occurred on the date stated above, at 1.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int. Nephritis,	1 year.
Other contributory causes of importance:	
—	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis Autopsy. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. Watkins, Jr. M. D.

(Address) 858 N. Carrollton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

37743

CERTIFICATE OF DEATH

82a F 37743

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 Holbrook St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Bertha Kormann

(a) Residence: No. 1610 Holbrook St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gerhardt J. Kormann.

6. DATE OF BIRTH (month, day, year) Oct 8th 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	9	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

13. NAME August Knop.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Otelia Kramper

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mr. Louis Kormann.

(Address) 2400 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL Holy Cross A. C. Co. Date July 29th 1937

19. UNDERTAKER Bernard C. Harle

(Address) 131 E West St

FILED JUL 28 1937 at Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26th 1937

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1937 to July 26, 1937

I last saw her alive on July 25, 1937 Death is said to have occurred on the date stated above, at 1A m.

The principal cause of death and related causes of importance were as follows:

Cerebral haemorrhage — Date of onset July 12 1931

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Henry F. Buettner M. D.

(Address) 1319 Light St. Balto., Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37744

CERTIFICATE OF DEATH

78 F 37744

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Sydenham Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Clark

If U. S. Veteran specify WAR

(a) Residence: No. 3438 Hanover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 27 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Arthur Clark

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Eva Wallace

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mother

(Address) same

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 7-29-37

19. UNDERTAKER Bernard C. Harle

(Address) 121 E West St

20. FILED JUL 26 1937 Funeral Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1937 to July 26, 1937

I last saw him alive on July 26, 1937. Death is said to have occurred on the date stated above, at 7.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis, simple, acute	7-21-37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Spinal puncture

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Francis D Schwentker M. D.

(Address) Sydenham Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

37745

CERTIFICATE OF DEATH

20-2 820 F 37745

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2575 Edmondson Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha WUEST. KEYSER

If U. S. Veteran specify WAR

(a) Residence: No. 2575 Edmondson Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 18-1864

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
72	11	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Frederick Wuest

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Anna. Siegert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Minnie Eberhardt.

(Address) 2575 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 7-30 1937

19. UNDERTAKER Mrs Chas A G Rohde

(Address) 2327 Edmondson Ave

FILED 1-28-1937 Huntington Wallace, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21 1935 to July 27 1937

I last saw her alive on Jan 27 1937. Death is said to have occurred on the date stated above, at 1.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
generalized arteriosclerosis	?
arterial hypertension	1935
Other contributory causes of importance:	
cerebral hemorrhage	7/17/37

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) George A Kupp, M. D.

(Address) 3036 Edmondson Ave

37746 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 37746

CERTIFICATE OF DEATH

82a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 N. Mount St., 15-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Addison

(a) Residence: No. 1422 N. Mount St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): May 20. 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	2	25	14

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Co.

FATHER

13. NAME: James Paul Addison

14. BIRTHPLACE (city or town) (State or country): Howard Co

MOTHER

15. MAIDEN NAME: Annie Joyce

16. BIRTHPLACE (city or town) (State or country): Howard Co Md

17. INFORMANT: Estella Byrd (Address) 1422 N. Mount St

18. BURIAL, CREMATION, OR REMOVAL: Place Cathedral Date 7/29 37

19. UNDERTAKER: Thomas E. Kelson (Address) ~~21 Hoffman St.~~ Livingston Terrace, Md

8 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 26. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 24. 1937 to July 26 1937

I last saw h alive on July 26. 1937. Death is said to have occurred on the date stated above, at 9.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/24.37
3rd attack	
Other contributory causes of importance: Hemiplegia	1932?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. N. Wright M. D.

(Address) 209 Park Ave

37747 E 37747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37-1394 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence In city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Henry C. Fleckenschildt

If U. S. Veteran specify WAR

(a) Residence: No. 703 St. Johns Rd St., City Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Margaret Fleckenschildt

6. DATE OF BIRTH (month, day, year) Oct. 19-1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry H. Fleckenschildt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Clementine Johanns

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Iris Fleckenschildt

(Address) 703 St Johns Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 7/19 1937

19. UNDERTAKER John A. Horan

(Address) 3000 E Baltimore

20. FILED 8 1937 Washington Nuisance, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-26-37 19

22. I HEREBY CERTIFY, That I attended deceased from 7-25-37, 19..., to 7-26-37, 19... that I saw h[illegible] alive on 7-26-37, 19... Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	7-25-37
Other contributory causes of importance: Arteriosclerosis	)

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? E. K. G. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No (If so, specify)

(Signed) Robert H. Rives M. D.

(Address) Union Memorial Hospital

O.K. – Paul Atwater, M.D.

37748

HEALTH DEPARTMENT—CITY OF BALTIMORE

37748

CERTIFICATE OF DEATH

16

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., ... Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William L. Miller Jr.

(a) Residence: No. 104 N. Potomac St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 16 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME William L. Miller

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Elizabeth Henning

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT William L. Miller

(Address) 104 N Potomac

18. BURIAL, CREMATION, OR REMOVAL

Place H. Matthews Date July 29 1937

19. UNDERTAKER John J. Mu[illegible]

(Address) 3000 E. Ba[illegible]

20. FILED [illegible] Registrar.

AUG 3 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1937 to July 27, 1937

I last saw h[illegible] alive on July 27, 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anterior Poliomyelitis	July 26
Other contributory causes of importance:	

Was an operation performed? Lumbar puncture Date of July 27

For what disease or injury?

Name of operation Lumbar puncture & Clinical

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Negron G. Gill M. D.

(Address) Sydenham Hosp

37749 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 37749

CERTIFICATE OF DEATH

820

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4705 Homer Ave. St., 7 Ward) Registered No .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna T. Culbertson If U. S. Veteran specify WAR No Record

(a) Residence: No. 4705 Homer Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William G. Culbertson

6. DATE OF BIRTH (month, day, year) Oct. 12, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) 6/05/37

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Dennis J. Blondell

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Anna McLaughlin

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT William J. Culbertson
(Address) 4705 Homer Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk. Date 7/29, 1937

19. UNDERTAKER Wilgus, Clark
(Address) 1217 St. Paul St.

20. FILED [illegible] for Nathaniz[illegible]
JUL 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1937. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 4- 1935 to July 26 1937

I last saw h[illegible] alive on July 26, 1937. Death is said to have occurred on the date stated above, at 7:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	?
Arterial Hypertension	?
Myocardial Degeneration	?
Cerebral Hemorrhage	7-26-37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold T. Culver M. D.

(Address) 5611 Pimlico Rd

37750 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37750

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH Maryland General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 22-20 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mr Louis Olson

(a) Residence: No. 629 Kinkstown Rd St., ... Ward. ..... (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) ~~WIFE of~~ Annie E.

6. DATE OF BIRTH (month, day, year) June 7-1857

7. AGE Years 80 Months 1 Days 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John H. Resch (Address) 5520 S Eutaw St

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk Date 7-30-37

19. UNDERTAKER William Cook (Address) 1217 St Paul St

20. FILED JUL 29 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1937, to July 27, 1937

I last saw h— alive on July 27, 1937 Death is said to have occurred on the date stated above, at 10:45 P m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Gangrene of foot & Leg 2 — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. H. Edwards Jr M. D.

Med. Genl. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37751 37751

CERTIFICATE OF DEATH

107a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3418 Ravenwood Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~Yrs.~~ ~~da.~~ How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.

2. FULL NAME George W. Blaney

If U. S. Veteran specify WAR No Record

(a) Residence: No. 3418 Ravenwood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Mabel Blaney

6. DATE OF BIRTH (month, day, year) Sept 6-1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk ... saw mill, bank, etc. Bethlehem Shipyard

10. Date deceased last worked at this occupation (month and year) July 1937

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME John Blaney

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mabel Blaney 3418 Ravenwood

18. BURIAL, CREMATION, OR REMOVAL Place Balto Date 7/31 1937

19. UNDERTAKER (Address) William Cook 217 St Paul St

20. FILED 7 29 1937 ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-19- 1937 to 7-27- 1937

I last saw him alive on 7-27- 1937 Death ~~is said~~ ~~to have~~ occurred on the date stated above, at 3.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	7-19-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton C. Laing M. D.

(Address) 2117 Belair Rd

F 37752

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37752

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2746 Fremont Ave St. 9-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catharine Sarah Starth

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2746 Fremont Ave St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~ Widowed, ~~or Divorced~~ (write the word): Widowed

6a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of: John Andrew Starth

6. DATE OF BIRTH (month, day, year): Jan 4th 1883

7. AGE: Years 54 | Months 6 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER FATHER

13. NAME: Andrew Sapp

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Anna Miller

16. BIRTHPLACE (city or town) (State or country): N. Y.

17. INFORMANT: Mrs John Sulin

(Address) 4620 Elsinore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date July 30th 1937

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

20. FILED: Huntington Williams, M.D.

JUL 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 27th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-21-, 1934 to 7-27-, 1937

I last saw her alive on 7-27-, 1937. Death is said to have occurred on the date stated above, at 2:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	Unknown
Other contributory causes of importance:	
Pulmonary Embolism	7/27/37

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. B. Sybert M. D.

(Address) 2807 Harford Ave

Spec.—1-12-23—M&T—500 Blks.

37753 ✓ ✓ F 37753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 N. Gilmor St., 163 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Reynolds

(a) RESIDENCE No. 610 N. Gilmor St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7/24/37

7 AGE Years Months Days If LESS than 1 day, hrs. or ½ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Geo. Black

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Madeline Reynolds

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Prince Co. Maryland

14 Informant (Address) Madeline Reynolds

15 Filed JUL 29 1937, 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/24/1937

17 I HEREBY CERTIFY, That I attended deceased from 7/24, 19 37, to 7/24, 19 37, that I last saw h— alive on 7/24, 19 37, and that death occurred, on the date stated above, at 3:2 m.

The CAUSE OF DEATH* was as follows:

Premature

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. A. Leyh M. D.

, 19 (Address) 152 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY MEDICAL SCHOOL DATE OF BURIAL JUL 26 1937, 19

20 UNDERTAKER Commissioner of Health Per H. A. Moore ADDRESS

37754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37754 F 37754

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1020 Linden ave St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ena Layton

(a) Residence: No. 1020 Linden ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Cau
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: John Layton

6. DATE OF BIRTH (month, day, year): Jan 31 1880

7. AGE: Years 57 | Months 5 | Days 251 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Stony Battery Va

MOTHER
13. NAME: Ella Mae Felt
14. BIRTHPLACE (city or town) (State or country): Va

FATHER
15. MAIDEN NAME: Sarah Miller
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: John Layton
(Address): Near Hebron Md

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Olivet Cemetery Date: July 29 1937

19. UNDERTAKER: Adolphus Garland
(Address): 1000 Belair Ave

FILED JUL 29 1937 [illegible] Registrar

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 26. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 8:35 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis,	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so specify

(Signed) C. Hamilton Coroner, M. D.

(Address) 1345 Hanover

F 37755

37755 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

Godbury

#25098

CERTIFICATE OF DEATH

34E-107a SF

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Relto. City Hospitals St., 14-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Pickling or Pittling, ~~Mamie~~ Rosetta

If U. S. Veteran specify WAR

(a) Residence: No. 240 N. Mount St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ~~Dec~~ 1913

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Sam Pickling

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Eliza Davis

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Robbins, S.C. Date July 30, 37

19. UNDERTAKER Mrs Katie R Wellington

(Address) 322 E Lombard St.

20. FILED ....., 19.....

JUL 23 1937 Registrar Washington, D.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1937, to July 27, 1937.

I last saw her alive on July 27, 1937. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7-18-37
Other contributory causes of importance:	
Syphilis ?	7-18-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

37756

CERTIFICATE OF DEATH

59 F 37756

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 W. Pratt St St., 19-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Ebberts

(a) Residence: No. 1514 W Pratt St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Chas W Ebberts

6. DATE OF BIRTH (month, day, year): Mar 14-1865

7. AGE: Years 72; Months 4; Days 13; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: John Daniel

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Charles W. Ebberts

(Address): 1514 W. Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place: Western Cem Date: July 29. 37

19. UNDERTAKER: Robt & B. M. Walters

(Address): Pratt & Stricker Sts

29 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-18-35, 19..., to 7-27-37, 19...

I last saw her alive on 7-27-37, 19... Death is said to have occurred on the date stated above, at 3 00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	unknown

Other contributory causes of importance:

Hypertension	
Chronic nephritis	
Prostatic hypertrophy	Jan 1936 ?

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Nathan Rosenau, M. D.

(Address) 206 S. Gilmor St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37757 — CERTIFICATE OF DEATH — 122a F 37757

Registered No.

1. PLACE OF DEATH St. Agnes' Hospital, 25-3

CITY OF BALTIMORE: (No. Wilkens + Caton Aves St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Louisa B Meeks

(a) Residence: No. 2319 Annapolis Rd St. ... Ward. ... (If non-resident give city or town and State)

(Usual place of abode) Westport

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H. Meeks

6. DATE OF BIRTH (month, day, year) Oct 14 - 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Patterson, Maryland

FATHER

13. NAME John Weller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Decker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edna O. Tyson

(Address) 2319 Annapolis Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date July 30 1937

19. UNDERTAKER Roth & B. M. Walter

(Address) Pratt & Fricker Sts

FILED 7 29 1937 Washington Baltimore Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-27-1937

22. I HEREBY CERTIFY, That I attended deceased from 6-26 1937 to 7-27 1937

I last saw h.er alive on 7-27 1937 Death is said to have occurred on the date stated above, at 4.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated femoral hernia with gangrenous intestine	6-26-37
Other contributory causes of importance:	

Was an operation performed? Yes. Date of 6-26-37

For what disease or injury? Strangulated femoral hernia-rt.

Name of operation Herniorrhaphy; Enterostomy.

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul F. Meeks M. D.

(Address) St. Agnes' Hospital

37758 ✓ F 37758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

943

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 N. Dunbar St., 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Arthur V. Austin

If U. S. Veteran specify WAR .....

(a) Residence: No. 1805 N. Dunbar St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) L. Olga Austin

6. DATE OF BIRTH (month, day, year) April 3, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lynn Massachusetts

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. L. Faithful

(Address) 1805 N. Dunbar St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem. Date July 30 1937

19. UNDERTAKER Leo J. Cook

(Address) 1703 Patterson Pk Ave

July 1937 19 Reg. A. Eyster Nathans, M.D.

V S 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) died that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schenker, M. D., Coroner

(Address) 1918 E. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37759 548 F 37759

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. 11 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Katherine Agnes Brown

(a) Residence: No. 3111 St Paul St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 13, 1895

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
42	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady 10-67

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butler Bros.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Daniel J. Brown

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Murray

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Beagle Hall (Address) 3111 St. Paul Street

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cemetery Date 7/30 1937

19. UNDERTAKER Kearney H. Mears and Son (Address) 516 N. Calvert St.

Huntington Williams, Jr.

JUL 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1937 to July 27, 1937

I last saw her alive on July 27, 1937 Death is said to have occurred on the date stated above, at 1:20 p.m.

The principal cause of death and related causes of importance were as follows:

Fat embolism — Date of onset 7-26-37

Other contributory causes of importance: (Crs)

Was an operation performed? Yes Date of 7-23-37

For what disease or injury?

Name of operation Hysterectomy

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Francis M. Weaver M. D.

(Address) Union Memorial Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37760 8 2a F 37760 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 330 Suffolk Road St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 10 mos. 5 ds. How long in U. S. If of foreign birth -- yrs. -- mos. -- ds.

2. FULL NAME Annie M. Stolpe

If U.S. Veteran specify WAR ....

(a) Residence: No. 330 Suffolk Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frederick C. Stolpe

6. DATE OF BIRTH (month, day, year) Sept. 23, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME -------- Stoecker

14. BIRTHPLACE (city or town) (State or country) -------- Germany

15. MAIDEN NAME -------- Klein

16. BIRTHPLACE (city or town) (State or country) -------- Germany

17. INFORMANT Mrs. Wm. A. Gehlhorst

(Address) 330 Suffolk Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date 7/30/37

19. UNDERTAKER Henry H. Mears & Son

(Address) 805 N. Calvert St.

JUL 29 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1937, to July 28, 1937.

I last saw h-- alive on July 27, 1937. Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis, hypertension, cerebral hemorrhage left side — Date of onset

Other contributory causes of importance: Paralysis R. side body

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. J. Kirby M. D.

(Address) 1156 N. Howard St.

37761 E 37761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12-382a

Registered No.....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hosp St. ..... Ward)

Length of residence in city or town where death occurred 76 yrs. 5 mos. 26 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Henry Christian Schaub If U. S. Veteran specify WAR .....

(a) Residence: No. 2627 Guilford ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Katie C Schaub

6. DATE OF BIRTH (month, day, year) Feb 2nd 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	5	~~26~~ 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Ballo Md

FATHER

13. NAME Henry C Schaub

14. BIRTHPLACE (city or town) (State or country) Germany Ballo Md

MOTHER

15. MAIDEN NAME Mary Scheeler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mary A Oster (Address) 2627 Guilford ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date July 30 1937

19. UNDERTAKER Geo Schilling & Sons (Address) 424-426 E Lexington St

20. Filed ..... 19..... Registrar .....

JUL 29 1937 Lester Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-27-37

22. I HEREBY CERTIFY, That I attended deceased from 5-24-37, 19..... to 7-27-37, 19.....

I last saw him alive on 7-27-37, 19..... Death is said to have occurred on the date stated above, at 8:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	7-26-37
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Robert H Sive M. D.

(Address) Union Memorial Hospital

37762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37762

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1518 Strieker St. 15-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Elijah Milton Wruston

(a) Residence: No. 1518 Strieker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henrietta Wruston

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2040
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) King George Co Va

FATHER
13. NAME unknown

MOTHER
14. BIRTHPLACE (city or town) (State or country) unknown
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Henrietta Wruston
(Address) 1518 Strieker St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date 7/31 1937

19. UNDERTAKER Thomas E. Kelson Sons
(Address) 1305 Pressman St

20. DATE 7/31 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1937, to July 27, 1937
that I last saw him alive on July 27, 1937. Death is said to have occurred on the date stated above, at 8:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis (Chronic)	May 1937
Other contributory causes of importance: General Cardiac Dilatation	May 37?

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Wm. H. Wright M. D.
(Address) 1209 Pressman

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37763 × 137 F 37763

Registered No. .....

1. PLACE OF DEATH St Agnes Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens Avenue 2501 St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. 5 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR no

2. FULL NAME Charles E Thompson

(a) Residence: No. Linthicum Heights, Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Thompson

6. DATE OF BIRTH (month, day, year) March 17 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary Dock

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City Govt

10. Date deceased last worked at this occupation (month and year) 2/24/37

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Geo Thompson

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Ellen Demint

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs Mamie Thompson

(Address) Linthicum Heights

18. BURIAL, CREMATION, OR REMOVAL

Place West Cal Ridge State July 31 1937

19. UNDERTAKER Ulrich Funeral Home

(Address) Essex Maryland

FILED JUL 29 1937 Washington Wilkens, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 26 1937 to July 28, 1937

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
DIVERTICULUM OF BLADDER	2/26/37
HYPERTROPHY OF PROSTATE	5/3/37
PERINEPHRITIC ABCESS (6cm)	5/28/37

Other contributory causes of importance:

CYELITIS	2/30/37
TYPNEUMOTHORAX	5/30/37

Was an operation performed? Yes Date of 2/26/37 4/2/37 4/16/37

For what disease or injury? 1) PERINEAL PROSTATECTOMY 2) RESECTION OF DIVERTICULA (CYSTOSCOPIC CURETTAGE) 3) THORACOTOMY

Name of operation(s)

What test confirmed diagnosis? X-RAY Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Daniel J Wilkens M. D.

(Address) St Agnes Hospital

F 37764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24624—CM F 37764

Registered No. 958

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 9-4 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Charles Roycroft.

(a) Residence: No. 1736 Lemont Ave., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) 10-19-1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 7

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph Roycroft

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Blum

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date July 31 1937

19. UNDERTAKER John Ullrich & Sons

(Address) Reg. Embalmers

20. FILED ... 19... ... Registrar.

JUL 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 28 1937 to July 28 1937

I last saw him alive on July 28 1937. Death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	1935
Other contributory causes of importance: Cerebral hemorrhage	1935

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. Des Granges M. D.

(Address) Baltimore City Hospitals

E 37765

37765

HEALTH DEPARTMENT—CITY OF BALTIMORE

25004 JS

CERTIFICATE OF DEATH

Registered No. 107a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospt. St., W 2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mike Kruyzak

(a) Residence: No. 1008 Madison St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-29-1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. good

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Tony Kruyzak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Ellen Y

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 7-30 1937

19. UNDERTAKER J. J. Fahey & Sons
(Address) 1 West Eight St

20. FILED JUL 29 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 14 1937 to July 26 1937

I last saw him alive on July 26 1937, Death is said to have occurred on the date stated above, at 12-40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema and Chronic Bronchitis	1927
Other contributory causes of importance:	
Bronchopneumonia	7-14-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE 37766

37766

CERTIFICATE OF DEATH

108

#25242-CGK Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., V-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Hartman

(a) Residence: No. 1601 Patapsco St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	W

5a. If married, widowed, or divorced
HUSBAND of
~~WIFE~~ Mary Brooks

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD

FATHER

13. NAME Henry HARTMAN

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Brooks

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 7/29/37

19. UNDERTAKER J. J. Tobey & Sons
(Address) 631 E Light St

20. FILED JUL 29 1937 Registrar. Huntington Hollander, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1937 to July 26, 1937

I last saw him alive on July 26, 1937 Death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7-20-37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. A. de Lowtelk, M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 27767

27767

CERTIFICATE OF DEATH 25301--CM 45B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 16 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John T. Brooks, Jr.

(a) Residence: No. 709 N. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Norris (D)

6. DATE OF BIRTH (month, day, year) 11-?-1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0016

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John T.

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Amey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date July 30 1937

19. UNDERTAKER Geo W Settle
(Address) 2200 Edmondson Ave

20. FILED Huntington Williams, Registrar.
JY 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1937 to July 28, 1937

I last saw him alive on July 28, 1937. Death is said to have occurred on the date stated above, at 1200 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Jan 1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. DeSantelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37768

37768

CERTIFICATE OF DEATH

463

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 847 Park Avenue St., 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 years ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME BERNARD JOSEPH VAN BERGEN

If U. S. Veteran specify WAR

(a) Residence: No. 847 Park Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary Eleanor Van Bergen

6. DATE OF BIRTH (month, day, year) Nov. 1 - 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Repair Shop R. R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4073

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Breda Holland

FATHER

13. NAME Joseph Van Bergen

14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER

15. MAIDEN NAME Looyman

16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMANT Miss Marcella Regan

(Address) 847 Park Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date July 30 1937

19. UNDERTAKER Chas. B. Grace & Son

(Address) 1811 W. Fayette Ave

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1937 to July 28, 1937

I last saw him alive on July 27, 1937. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno-Carcinoma, Primary in Stomach	?
Other contributory causes of importance: General abdominal Carcinomatosis	

Was an operation performed? Yes Date of June 10, 1937

For what disease or injury? Growth on stomach

Name of operation Exploratory only

What test confirmed diagnosis? ? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Hubert C. Knapp M. D.

(Address) 1716 E. Preston St.

29 1937 Lexington Building, MD

F 37769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mrs. Clara A. Snyder

If U. S. Veteran specify WAR

(a) Residence: No. Acton Rd, Parkville, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. John Schneider

6. DATE OF BIRTH (month, day, year) Jan 8, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Louis Saul

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Bausch

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John Schneider (Address) Acton Rd Parkville

18. BURIAL, CREMATION, OR REMOVAL Place Oakland Date 7/30/37

19. UNDERTAKER Geo. A. Kuhn Sr. (Address) 120 W. Fayette St. Balto.

20. FILED 1937 Registrar Huntington Williams, M.D.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-27-1937

22. I HEREBY CERTIFY, That I attended deceased from 6-26-37, 19..., to 7-27, 19 37

I last saw h.er alive on 7-27 19 37 3:30 p.m. Death is said to have occurred on the date stated above, at ...

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ovary.	?
Other contributory causes of importance: Heart Failure.	7-27-37

Was an operation performed? No Date of 7-14-37 (Exploratory)

For what disease or injury? Carc. Ovary

Name of operation Explor. Lap.

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. J. Jerardi M. D.

(Address) Mercy Hospital.

F 37220

37770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2101 N

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St., 19-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAI. ...

2. FULL NAME Nellie H Gormley

(a) Residence: No. 1333 W Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter E Gormley

6. DATE OF BIRTH (month, day, year) Oct. 20-1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Max Rogers

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr Walter E Gormley

(Address) 19 Lawrence Road

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date July 30 37

19. UNDERTAKER C & B Tippett - Sons

(Address) 1300 Eutaw Place

Huntington Williams, Registrar

FILED

JUL 29 1937

MEDICAL CERTIFICATE OF DEATH 11 PM

21. DATE OF DEATH (month, day, year) July 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture Skull — Date of onset July 11-37

Other contributory causes of importance: Meningitis

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Brain

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 11, 1937

Where did injury occur? Garrison Blvd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Give brief description of how injury occurred Fell or jumped or fell out of moving automobile

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Herbert Gurley Amos M. D. Coroner

(Address) 907 N. Charles St.

37771 ✓ E 37771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4-5-67

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Length of residence in city or town where death occurred 2 yrs. 7 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Ruth Reed

If U. S. Veteran specify WAR .....

(a) Residence: No. 3122 Lochraven Rd St., 9 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 13-1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Harry J. Reed

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Ford Disney

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Nord Reed (Mother)

(Address) 3122 Lock Raven Road

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Com. Date July 29- 37 19

19. UNDERTAKER The J. B. Hupper & Son

(Address) 300 Eutaw Place

20. FILED July 29 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27 - 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Status Lymphaticus	7/24/37

Other contributory causes of importance: Convulsions 2 Hypernexia

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation. ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) John A. Crain, M. D. Coroner

(Address) 612 N 40 Co Comm

S 6

37772 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37772

CERTIFICATE OF DEATH

Registered No. 180

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. UNEVERSITY HOSP. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME PETER J. MC GINTY JR.

(a) Residence: No. 6568 ST HELENA. AVE St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) OCT. 20/1918

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. PAINT MIXER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. DUNDALK PAINT WORKS

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) PITTSBURG PA.

FATHER

13. NAME PETER MC GINTY

14. BIRTHPLACE (city or town) (State or country) PITTSBURG PA.

MOTHER

15. MAIDEN NAME CATHERINE E. DOUGHTY

16. BIRTHPLACE (city or town) (State or country) ENGLAND

17. INFORMANT PE TER MC.GINTY (FATHER
(Address) 6568 ST HELENA AVE.

18. BURIAL, CREMATION, OR REMOVAL
Place OAK LAWN Date JULY 30 1937

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. WOLFE ST.

29 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY 26 . 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

6/45 pm
His

The principal cause of death and related causes of importance were as follows:

	Date of onset
1, 2, 3 Degree Burns of Body	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury July 24, 1937

Where did injury occur? 2320 Edgewater St. Balto. Md. (Specify city or town, county or street and number)

Specify whether injury occurred in industry, in home, or in public place Industry InterCoastal Paint Co

Manner of injury Fire in Building

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Builden on Fire

(Signed) [illegible] M. D.
Coroner

(Address) 2757 E. Monu St

V S 6

32773 F 32773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

180

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis John Holste If U. S. Veteran specify War No Record

(a) Residence: No. 3110 Pelham Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Magie Holste

6. DATE OF BIRTH (month, day, year) Dec 13th 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 086

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. InterCoastal Paint Co

10. Date deceased last worked at this occupation (month and year) 7/24/37

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Holste

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Annie E. Wyborn

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Magie Holste

(Address) 3110 Pelham Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date July 30th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Huntington Williams, Registrar

AUG 3 1937

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27th, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came His death on the day stated above 10th a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1, 2, 3, Degree Burns of Body	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, ~~or homicide~~? Accident July 24, 1937

Where did injury occur? 2320 Edgewater St. Balto. Md.

(Specify city or county and State)

Specify whether injury occurred in industry, in home, or in public place Industry InterCoastal Paint Co

Manner of injury Fire in Building

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Fire in Building

(Signed) H. O. Miller, M. D.

Coroner

(Address) 3757 W Mos

37774 E 37774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25351 -CV

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE:, (No. Baltimore City Hospts. St., ... Ward)

Length of residence in city or town where death occurred Un. yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sigmund E. Mayer

(a) Residence: No. 511 W. 138th St., New York City St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-20-1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Amusement Co.

10. Date deceased last worked at this occupation (month and year) 914 W. 36th St.

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Un.

FATHER

13. NAME Un.

14. BIRTHPLACE (city or town) (State or country) Un.

MOTHER

15. MAIDEN NAME Un.

16. BIRTHPLACE (city or town) (State or country) Un.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Comet Cem. Aug 1 1937

19. UNDERTAKER [illegible]
(Address) 2435 [illegible]

20. FILED AUG 9 1937 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1937, to July 29, 1937.
I last saw him alive on July 29, 1937. Death is said to have occurred on the date stated above, at 3:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	7-27-37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) H. A. DeSanctis, M. D.

(Address) Baltimore City Hospitals

F 32775

32775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Found floating in the water at

CITY OF BALTIMORE: (No. Foot of Hughes St. St., ... Ward)

Length of residence in city or town where death occurred 33 yrs. 4 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles H. Norris.

(a) Residence: No. 2248 E. North Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Margaret Norris.

6. DATE OF BIRTH (month, day, year) March 25, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Herbert Norris.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Florence Thomas.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Margaret Norris. (wife)
(Address) 2248 E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date July 30 37, 19

19. UNDERTAKER John Uhlmt
(Address) 2008 Balcom St

Huntington Williams MD

29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Missing July 24, 1937 Found July 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Probably Accidental
Accident, suicide, or homicide? Date of injury ....., 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Found ft of Hughes St

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Howard Reinhardt, M. D.
Coroner

(Address) 7/29/37 1017 E. Charles St.

37776 F 37776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St.... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Adelentz or (Levitz)

(a) Residence: No. 2006 E Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Julius Adelentz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. A. Bostman

(Address) 2135 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Herzig Gen Date July 30 1937

19. UNDERTAKER Sol Levinson & Bros

(Address) 1127 E Baltimore St.

20. 30 1937 Clinton Holbrook, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
	1 week

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schreiber M. D.

Coroner

(Address) 1919 E. North Ave.

V S 6

F 37777

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 Bloom St., 163 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henrietta Booze

If U. S. Veteran specify WAR .....

(a) Residence: No. 514 Bloom St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col.	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Booze

6. DATE OF BIRTH (month, day, year) Jan 1, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Formerly Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Henry Chew

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary B. Matthews

(Address) 514 Bloom St.

18. BURIAL, CREMATION, OR REMOVAL Carroll Street Co Md July 30 '37

19. UNDERTAKER Jno. H. Holland

(Address) 1631 Druid Hill Ave

20. FILED JUL 30 1937 Filing Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/27/37

22. I HEREBY CERTIFY, That I attended deceased from 7/23/37, 19..., to 7/27/37, 1937

I last saw him alive on 7/27/37, 19... Death is said to have occurred on the date stated above, at 10.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/23/37
Other contributory causes of importance: Arterio Sclerosis	1 yr

Was an operation performed? no Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Guy Bowles, M. D.

(Address) 519 N. Carrollton Ave

M. D. B. 1268-9

37778

✓ F 37778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 N Kenwood Ave. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Donald John Deinlein

(a) Residence: No. 531 N Kenwood St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 27/37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME John Deinlein

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Gertrude Graham

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT John Deinlein

(Address) 531 Kenwood

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer July 30 37

19. UNDERTAKER Jos. J. Stern & Son

(Address) 1526 Eutaw Pl

20. DATE RECEIVED JUL 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/29, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1937 to July 29, 1937

I last saw h[illegible] alive on July 29, 1937. Death is said to have occurred on the date stated above, at 11 30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Jaundice (Atresia of)	7/28/37
& Convulsions.	

Other contributory causes of importance:

—

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) C. N. Meyer M. D.

(Address) 15-17 E. 33rd

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

37779

CERTIFICATE OF DEATH

1941B F 37779

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hospital St. ..... Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 76 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Isadore Fax

(a) Residence: No. 1806 E. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Fax

6. DATE OF BIRTH (month, day, year) .....

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1066

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Russia

FATHER

13. NAME Samuel

14. BIRTHPLACE (city or town) ..... (State or country) Russia

MOTHER

15. MAIDEN NAME Lena

16. BIRTHPLACE (city or town) ..... (State or country) Russia

17. INFORMANT Mrs Carrie Sack

(Address) 1916 N. Garland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Lebanon Date 7/30-37

19. UNDERTAKER Hyet Louis Levi

(Address) 1937 E. Baltimore St

(Date) 30 1937 (Signature) Clayton Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 919 E. North Ave

Oscar Young Jr

37780 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 37780

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2006 E Eager St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Oscar Young Jr

(a) Residence: No. 2006 E Eager St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 31-1922

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	14	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Oscar Young

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Bessie Lawrence

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Bessie Young

(Address) 2016 Eager St

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Mem-Park Date 7-30 1937

19. UNDERTAKER Mrs P. L. E. Elliott-Daughter

(Address) 1123 N. Carrollton Ave.

20. FILED ... 19 ... Registrar

JUL 30 1937 Washington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Influenza	July 21 1937

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) George L. Adler, M. D.

(Address) 58 Lexington St

F 37781 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37781

CERTIFICATE OF DEATH

9943

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1400 Holbrook St., 12 Ward)

Length of residence in city or town where death occurred 55 yrs. 3 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John J. Andrathy

(a) Residence: No. 1400 Holbrook St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine M. Andrathy

6. DATE OF BIRTH (month, day, year) Mar 31, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe Fitting and Steam

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Emerson Hotel

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME August F. Andrathy

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Annie Griffith

16. BIRTHPLACE (city or town) (State or country) Youngstown Pa.

17. INFORMANT Mrs. Catherine M. Andrathy
(Address) 1400 Holbrook St.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cemetery Date July 31, 1937

19. UNDERTAKER Elmer W. Conkle & Son
(Address) 924 E. Fayette St.

20. FILED ... 19... A. Eustis Williams, M. D. Registrar

JUL 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) Paul Schreiber, Coroner, M. D.

(Address) 1919 E. North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37782 24984 JS F 37782

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., Ward) 18-24-1148 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Levi Sylvester Bell If U. S. Veteran specify WAR

(a) Residence: No. 102 N. Carlton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Bell

6. DATE OF BIRTH (month, day, year) ~~4-6-1911~~

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Chauffeur~~ 1023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Md.~~

FATHER

13. NAME Levi Bell

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Virginia Jones

16. BIRTHPLACE (city or town) (State or country) ~~Md.~~

17. INFORMANT ~~B. C. H. Records~~
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date July 31 1937

19. UNDERTAKER Isaac L Brockman Sons
(Address) 1018 W Monument St

20. FILED 19 Registrar.

JUL 30 1937 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 13 1937 to July 28 1937

I last saw him alive on July 28 1937. Death is said to have occurred on the date stated above, at 2.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess	June 1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Isaac Sanditz M. D.

(Address) Baltimore City Hospitals

7783 ✓ F 37783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 182-

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 1700 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel West

If U. S. Veteran specify WAR ...

(a) Residence: No. 640 Perkins Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose West

6. DATE OF BIRTH (month, day, year) Aug. 5, 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42 43	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Chas West

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Frances Parker 640 Perkins Ave

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date July 30, 1937

19. UNDERTAKER Isaac C Brandon

(Address) 1018 Montgomery St

FILED JUL 30 1937 Registrar Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, and that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	7-26-37
Crushed Chest.	7-26-37

Other contributory causes of importance:

Was an operation performed? No. Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Trauma. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 26, 1937

Where did injury occur? Baltimore, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Central Ave & Eagle St, Baltimore

Manner of injury Fell or jumped or dropped

Nature of injury Crushing & skull fx

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Samuel Buck, M. D. Coroner

(Address) 1331 E North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

37784 CERTIFICATE OF DEATH 82aF 37784

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2126 Park Av St., 13-1 Ward)
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph S. Fox

(a) Residence: No. 2126 Park Av St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Hirsh Fox

6. DATE OF BIRTH (month, day, year) Sept 25 - 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0042

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Samuel Fox

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Bertha Fox
(Address) 2126 Park Av

18. BURIAL, CREMATION, OR REMOVAL Baltimore Hebrew Date 7/30/37

19. UNDERTAKER Levi Sondheimer & Son
(Address) 1902 Eutaw Place

20. FILED JUL 30 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29 1937

22. I HEREBY CERTIFY, That I attended deceased from May 29 1937 to July 29 1937

I last saw him alive on July 29 1937 Death is said to have occurred on the date stated above, at 4.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/23
Hypertension	
Arteriosclerosis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul E. Cardiner M. D.

(Address) 2311 Garrison Blvd

37785 F 37785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 637 Wyeth St. St., 21st Ward)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida M. Howard

(a) Residence: No. 637 Wyeth St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6a. If married, widowed, or divorced (HUSBAND) of (or) WIFE of William F. Howard.

6. DATE OF BIRTH (month, day, year) Feb 10, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country) Harpers Ferry W. Va.

13. NAME Phillip Nash

MOTHER

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT William F. Howard
(Address) 637 Wyeth St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Aug. 2 1937

19. UNDERTAKER Simpers Inc.
(Address) 1017 W. Lexington St.

20. FILED 1931 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-14- 1937 to July 29 1937

I last saw her alive on July 28 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

myocardial fibrosis
coronary artery sclerosis

Date of onset

Other contributory causes of importance:

Generalized arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Albert Heflosa M. D.

(Address) 836 Washington Blvd

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37786

CERTIFICATE OF DEATH

820

F 37786

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 N Eden St., 10th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Fountain Cole

(a) Residence: No. 712 N Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlotte Co Va

FATHER

13. NAME Fountain Cole

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Libbie Cole

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Claude Cunningham

(Address) 712 N Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date July 30 1937

19. UNDERTAKER Robert E Williams

(Address) 1515 McCulloh St

30 1937 Washington Nebraska, Neb

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	July 26 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George C. Williams M. D.
Coroner

(Address) 10 Annapolis St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37787

CERTIFICATE OF DEATH

23 F 37787

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Leonard Fowler (20246)

(a) Residence: No. 1209 Jefferson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 28, 1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Augustus

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Beulah Monford

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date July 30 1937

19. UNDERTAKER [illegible]
(Address) [illegible]

FILED JUL 30 1937 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 3, 1937 to July 28, 1937

I last saw him alive on July 28, 1937 Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs — Date of onset Jan 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Baltimore City Hospitals

37788 ✓ F 37788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 473 CC

CITY OF BALTIMORE: (No. Bay View St., 26 Ward) 19-3

Registered No. 1877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 7 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John A. Shipley

(a) Residence: No. 1529 Ramsay St., at Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 23-1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	7	6 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation 50 75

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Shipley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rebecca Ward

16. BIRTHPLACE (city or town) (State or country) Unknown Virginia

17. INFORMANT Patient

(Address) 1529 Ramsay St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 31 1937

19. UNDERTAKER Harry Hollitzke

(Address) 2101 Edmondson Ave.

Huntington Williams, Asst.

FILED JUL 30 1937

VSO 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

Mediastinal Tumor — Date of onset June 1937

Other contributory causes of importance: Circulatory Occlusion Pneumonia ✓

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood Coroner, M. D.

(Address) 1712 N. Broadway

37789 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 126 F 37789

CERTIFICATE OF DEATH

1. PLACE OF DEATH #25128--CGK Registered No.....

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Myrtle Bass

(a) Residence: No. 804 W. Mulberry St. St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	M

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Stewart Bass

6. DATE OF BIRTH (month, day, year) 1-7-1904

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
33. ~~35~~	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Riley Sellars

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Jane ?

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records of Balto. City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Greensboro, N.C. Date July 2 1937

19. UNDERTAKER Mrs Kate R. Williams
(Address) 322 E. Edmondson St.

20. FILED Huntington Williams
0 1937 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-29-37. 19

22. I HEREBY CERTIFY, That I attended deceased from July 19 1937 to July 29 1937

I last saw her alive on July 29 1937. Death is said to have occurred on the date stated above, at 4.07 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver (over)	unknown
Other contributory causes of importance: Gall stones	unknown

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation clinical

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) H. A. de Saussure M. D.

(Address) Baltimore City Hospitals

B 31983

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 37790 B 37790

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. St. 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel B. Bowman

(a) Residence: No. 1926 Norwood Ave. Blvd. Ward. Zanesville Ohio
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Morton

6. DATE OF BIRTH (month, day, year) 4-20-84

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	3 2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass Manf'r

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1036

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y.

FATHER

13. NAME W H Bowman

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Minnie Fletch

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records (Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Zanesville Ohio Date Aug 2, 1937

19. UNDERTAKER (Address) John Cuitchee & Sons Inc. John Eidam & Sons

JUL 30 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1937, to July 30, 1937 I last saw h.. alive on July 30, 1937 Death is said to have occurred on the date stated above, at 3.55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of head of Pancreas	April 1937
Other contributory causes of importance:	

Was an operation performed? Yes Date of 7/23/37

For what disease or injury? Carcinoma of pancreas

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) Edward S. Stafford M. D.

(Address) Johns Hopkins Hospital

3 F 37791 — 3 2295 — F 37791 — X 137 — F 37791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. 6 mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Napoleon B Grasses Sr — If U. S. Veteran specify WAR .....

(a) Residence: No. Clarksburg Ky St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence Field

6. DATE OF BIRTH (month, day, year) 3/23/1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ky —

FATHER

13. NAME Isaiah Grasses

14. BIRTHPLACE (city or town) (State or country) Ky —

MOTHER

15. MAIDEN NAME Nell Graham

16. BIRTHPLACE (city or town) (State or country) Ky —

17. INFORMANT Records — (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Owensboro Ky Date Aug 2 1937

19. UNDERTAKER John Ordway Mitchell Sons (Address) 1900 [illegible]

JUL 30 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1937, to July 30, 1937

I last saw him alive on July 30, 1937. Death is said to have occurred on the date stated above, at 11:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
? Coronary occlusion, Myocardial Insufficiency	?
	over

Other contributory causes of importance:

Adynamic ileus

Was an operation performed? yes Date of 7-26-37

For what disease or injury? Urinary Retention

Name of operation Perineal Prostatectomy

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None.

(Signed) James H. Lemans M. D.

(Address) Johns Hopkins Hospital

3732 430

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37792

CERTIFICATE OF DEATH

X 54 D

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bess Farrow

(a) Residence: ~~No.~~ South Parkersburg St., ... Ward. W Va
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 2/16/78

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) W Va

FATHER

13. NAME Samuel Hands

14. BIRTHPLACE (city or town) (State or country) D. C.

MOTHER

15. MAIDEN NAME Grace Foley

16. BIRTHPLACE (city or town) (State or country) D. C.

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Parkersburg W Va Date July 30 1937

19. UNDERTAKER Wm J Lieurance & Son
(Address) Noell & Pace
Huntington Williamson, W Va

20. [illegible] 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 28 1937 to July 30 1937
I last saw h[illegible] alive on July 30 1937 Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor - benign ?	5 yrs

Other contributory causes of importance:
Operative shock

Was an operation performed? Yes Date of 7-28-37
For what disease or injury? Brain tumor
Name of operation cerebellar approach
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) A. T. Jonas Jr. M. D.
(Address) The Johns Hopkins Hospital

37793 ✓ E 37793

HEALTH DEPARTMENT—CITY OF BALTIMORE

37793 X 121

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Hurst C. Sawney

(a) Residence: No. New Windsor Frederick Co. Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Sawney

6. DATE OF BIRTH (month, day, year) Sept. 20 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42 40	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman (retired) 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Andrew Sawney

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Katherine Fuller

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mary Sawney New Windsor Md.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date Aug 2 1937

Linster Cemetery

19. UNDERTAKER D. D. Hartlaub & Son New Windsor Md.

(Address)

20. FILED AUG 1 1937 Washington Netherwood, M.D. H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-30 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-27 1937 to 7-30 1937

I last saw him alive on 7-30 1937. Death is said to have occurred on the date stated above, at 6 20 P.M.

The principal cause of death and related causes of importance were as follows:

		Date of onset
(3)	Uremia	7-27-37
(2)	Hypertensive Cardio Vasc. disease	1931
(1)	Chronic Nephritis	1931

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) I. H. Abbott, M. D.

(Address) Mercy Hospital

✓ F 37794

37794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. S. B. General Hospital St., Da Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 1 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Louis Oliver Pumphrey

(a) Residence: No. 4118 Curtis Ave. (Usual place of abode) St., Curtis Bay Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) June 17, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James O. Pumphrey, Jr.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Ruth Naomi Kalonee

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT James O. Pumphrey, Jr. (Address) 3800 5th St. Brooklyn

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date July 31, 19 37

19. UNDERTAKER John J. Feeney (Address) 715 Light St

31 1937 19 Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held ... Inquest thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured neck	July 28
Probable fractured skull	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury July 28, 1937

Where did injury occur? Pennington & Locust Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

How injury occurred Pedestrian struck by oil truck while proceeding on coaster wagon

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Luther Bisley Auld, M. D. Coroner

(Address) 909 N Charles St

F 32795

32795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

953

#17767--CK Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Albert Howard

(a) Residence: No. 1202 Brevard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	col.	Married

5a. If married, widowed, or divorced
HUSBAND of
OR WIFE OF Betty

6. DATE OF BIRTH (month, day, year) May 1. 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Atlanta Ga.

FATHER

13. NAME Lish

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Frances ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records of Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date 1/31 19

19. UNDERTAKER Chas. P. Albert
(Address) 1200 Pine Church St

20. FILED 19 Registrar.

JAN 1937 Arlington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1937 to July 26, 1937

I last saw him alive on July 26 1937. Death is said to have occurred on the date stated above, at 6.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1936
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following.

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. A. DeSantelle M.D.

(Address) Baltimore City Hospitals

V E 32796

HEALTH DEPARTMENT—CITY OF BALTIMORE

32796

CERTIFICATE OF DEATH

932

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital St., 61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertus Ebelke Sr

If U. S. Veteran specify WAR No Record

(a) Residence: No. 143 N. Decker St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna F. Ebelke

6. DATE OF BIRTH (month, day, year) Feb 18th 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer 934

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 2.

12. BIRTHPLACE (city or town) (State or country) Emden Germany

FATHER

13. NAME Henry Ebelke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine (Unknown)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna F. Ebelke

(Address) 143 N. Decker St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Aug 2nd 1937

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

20. FILED ..... Registrar

AUG 1 1937

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1937 to July 29, 1937

I last saw him alive on July 29, 1937. Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
arteriosclerosis	?
	1
Other contributory causes of importance:	
Hydrocele	?
	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Francis R. Stechman M. D.

(Address) St Jos Hosp.

F 32297

32797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Rogers Ave St., 27-15 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Sarah J Wells

(a) Residence: No. Home for the Aged of the M E Church St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 27. 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Robert Wells

14. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

MOTHER

15. MAIDEN NAME Araminta Dawson

16. BIRTHPLACE (city or town) (State or country) Baltimore City Md.

17. INFORMANT Ella Giddy

(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto July 31st 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

1 1937 19 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1937 to July 29, 1937

I last saw her alive on July 28 1937. Death is said to have occurred on the date stated above, at 12.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchial	July 27
Other contributory causes of importance: Pericarditis	

Was an operation performed? No. Date of

For what disease or injury? None

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) George C Shannon M. D.

(Address) 760 N. Fulton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37798 CERTIFICATE OF DEATH 1860 F 37798

Registered No.

1. PLACE OF DEATH Union Mem. Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9-1 Ward)

Length of residence in city or town where death occurred? ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran Specify WAR

2. FULL NAME Joseph K. Rhenn (Rehm)

(a) Residence: No. 524 Pine Hill Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/12/1918

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00470

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jos J Rhenn

14. BIRTHPLACE (city or town) (State or country) Balt. Md

MOTHER

15. MAIDEN NAME Olivia Schenna

16. BIRTHPLACE (city or town) (State or country) Balt. Md

17. INFORMANT Mrs Jos J Rehm

(Address) 524 Pine Hill Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Aug 2. 1937

19. UNDERTAKER Paul Wiedefeld

(Address) 914 Greenmount Ave

20. FILED ... 19 ...

AUG 3 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
find that said deceased came (Inquest, Autopsy or Inquiry)
his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	7/29/37
Fracture of Spine	

Other contributory causes of importance:

Was an operation performed? Exc. of Sustained Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, ~~Suicide or Homicide~~? 29 Date of injury July 1937.

Where did injury occur? 29th St Bridge Balt
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry - 29th St Bridge

Manner of injury Fall from Scaffolding

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Evans, M. D.
Coroner

(Address) Coroner

37799 HEALTH DEPARTMENT—CITY OF BALTIMORE 37799

CERTIFICATE OF DEATH

93c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 85 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lilli M. Baynes

(a) Residence: No. 1903 Mc Keough St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles F. Baynes

6. DATE OF BIRTH (month, day, year) March 19th 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles W. McCafferty

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lillie V.

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Charles Baynes

(Address) 1903 Mc Keough St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Aug 2nd 1937

19. UNDERTAKER Leo G. Cooke

(Address) 1763 N. Eutaw Park Ave

Aug 3 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence thereon and from the evidence had by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schenker Coroner, M. D.

(Address) 1414 E. Monument Ave.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37800

CERTIFICATE OF DEATH

121 F 37800

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 N. Appleton St., 18-1 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Michael J. Connelly. If U. S. Veteran specify WAR

(a) Residence: No. 8 N. Appleton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Malinda A. Connelly

6. DATE OF BIRTH (month, day, year) Apr 25th 1874

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
63.	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Court house

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Michael Connelly

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Malinda A. Connelly.
(Address) 8 N. Appleton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date ....., 19..

19. UNDERTAKER John J. Conway Jr.
(Address) 901 Eastern Ave.

1 31 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29th 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/9 1937 to 7/29 1937

last saw h.. alive on 7/28 1937 Death is said to have occurred on the date stated above, at 4.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular-Renal disease	2/9/37
Apoplexy	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. B. Turnbaugh M. D.

(Address) 1901 Eastern Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

32801 23 F 32801

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 15-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Johnson (24934)

(a) Residence: No. 1420 Paris St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 4, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	18	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Joseph Johnson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Agnes ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 8-2-37

19. UNDERTAKER George G. Nelson
(Address) 1303 Pennsylvania Ave

20. FILED JUL 31 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1937 to July 29, 1937

I last saw him alive on July 29, 1937 Death is said to have occurred on the date stated above, at 10:40 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Oct 1924

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. M. Curtis, M. D.

(Address) Baltimore City Hospitals

37802

HEALTH DEPARTMENT—CITY OF BALTIMORE

37802 953 F 37802

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. H-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emeline Cook

(a) Residence: No. 209 N. Pine St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/10 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75	1861	29	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Un.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Levi White

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Ellen Parks

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records of Baltimore City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 7-31-37

19. UNDERTAKER George H. Nelson
(Address) 1303 Pressitman st

20. FILED JUL 31 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1937, to July 22, 1937.
I last saw her alive on June 22, 1937. Death is said to have occurred on the date stated above, at 6 40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	May 1937
Other contributory causes of importance: Gangrene of foot	7-15-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. de Lautelle, M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

#11885

F 37803

CERTIFICATE OF DEATH

24 F 37803

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Life

If U. S. Veteran specify WAR .....

2. FULL NAME Marion Smith

(a) Residence: No. 1425 Fosher St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/13/1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Clinton Smith

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Marg. Clark

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT B. M. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 8-2-37 19

19. UNDERTAKER George R. Nelson

(Address) 1 [illegible] Druid Hill Ave

JUL 31 1937

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-29 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-23 1936 to 7-29 1937

I last saw him alive on 7-29 1937. Death is said to have occurred on the date stated above, at 10.50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	7/24
Other contributory causes of importance: Tuberculosis of lungs	1935

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Lt. Woodward Jr. M. D.

(Address) Balto. City Hosp.

St. Lucy's Athenaeum, Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37804 × 820 F 37804

37804

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSP. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME MARGARET BORNSCHEUER

If U. S. Veteran specify WAR

(a) Residence: No. 6605 DALZELL PL. St., Ward. PITTSBURGH PA.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced (or) WIFE of OTTO J. BORNSCHEUER

6. DATE OF BIRTH (month, day, year) DEC 1 1898

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	38	7	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 30 27

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) PENNA.

FATHER

13. NAME TIMOTHY TIERNEY

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME MARGARET ACTION

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Otto J Bornscheuer

(Address) 6605 Dalzell Pl Pittsburgh Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Pittsburgh Pa Date July 31 . 1937

19. UNDERTAKER Forsyth Witzke.

(Address) 4101 Edmondson Ave.

20. FILED JUL 31 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY 31 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/27 . 1937 to 7/31 . 1937

I last saw her alive on July 31 . 1937 Death is said to have occurred on the date stated above, at 12:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL HEMORRHAGE	7/27/37
HYPERTENSION	1927

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Roland E. Breier M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37805 46a F 37805

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 116 S Calverton Rd St., 20 Ward)

Length of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles H. Lang

If U. S. Veteran specify WAR

(a) Residence: No. 116 S Calverton Road St., 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Cora E Lang

6. DATE OF BIRTH (month, day, year) Sept. 15-1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0013

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butcher

10. Date deceased last worked at this occupation (month and year) / 11. Total time (years) spent in this occupation /

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Lang

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna B. Koeblein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Edna Lang
(Address) 116 S. Calverton Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 31/37

19. UNDERTAKER C. C. Hilbert & Son
(Address) 340 Edmondson Ave

JUL 31 1937 Huntington Ave Baltimore Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29-. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 14 1937 to July 29 1937

I last saw him alive on July 29 1937 Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Oesophagus	June 1937
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel L. Theobald M.D.

(Address) 1945 W. Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37806 — 93C — F 37806

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 141 Hilliard St. St., 20 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR —

2. FULL NAME Caroline W. Leech

(a) Residence: No. 141 Hilliard St. St., 20 Ward. —
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Frederick C. Leech

6. DATE OF BIRTH (month, day, year) Nov. 22. 1864

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	8	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Johan Deuchsler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Christiana Mentzel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm. John Leech
(Address) 141 Hilliard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Aug 2 1937

19. UNDERTAKER F. B. Tippett & Son
(Address) 130 Eutaw Place

Huntington Williams M.D.

JUL 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1936 to July 28, 1937

I last saw h... alive on July 28, 1937 Death is said to have occurred on the date stated above, at 9.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1936

Other contributory causes of importance:

Acute Cardiac Dilatation	July 29 37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) C. Harry Thurman, M. D.

(Address) 26 E. Preston St.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

37807

CERTIFICATE OF DEATH

X 59 F 37807

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph P. Moritz Sparrows Point

(a) Residence: No. 326 E. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) July 10, 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Millworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

PARENTS

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph Moritz

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Anna Sibalika

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Anna Moritz
(Address) 326 E. Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug 2 1937

19. UNDERTAKER Frank Brack Son
(Address) 1906 E. Monument St, Baltimore, Md

JUL 31 1937 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30. 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

Other contributory causes of importance:

Diabetic Coma	

Name of operation None Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Ohrenberger, M. D.
Coroner

(Address) 1918 E. North Ave.

37808 V 37808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 Valley St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 9 mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William B. Smith

(a) Residence: No. 1117 Valley St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mrs Bertha A. Schlumm Smith

6. DATE OF BIRTH (month, day, year) Oct 6 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	9	12 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cashier Merchants

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miners Supply Co

10. Date deceased last worked at this occupation (month and year) 7/29/37

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Octavius E. Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Annie McWilliams

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Bertha A. Smith

(Address) 1117 Valley St.

18. BURIAL, CREMATION, OR REMOVAL

Greenmount Cemetery Date Aug 2, 1937

19. UNDERTAKER Edwin H. Conkling & Son

(Address) 1524 Eutaw Pl.

Burlington Williams, Jr.

31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1937 to July 29, 1937

I last saw him alive on July 27, 1937. Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Ca.	Apr. 37
Arteriosclerosis Ca.	4-1937
Coronary thrombosis	7-29-37

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Hugh C. Pyle M. D.

(Address) 1524 Eutaw Pl.

37809 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 37809 #25333 SF

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 21-1 Ward) life

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Bromley

If U. S. Veteran specify WAR

(a) Residence: No. 1024 Priscoe St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 1/3/1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	68	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. street cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Jesse

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Miles

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Western Cem Date Aug 2nd 1937

19. UNDERTAKER Bernard E Harle

(Address) 121 E Mad St.

31 1937 [illegible]

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 27 1937 to July 29 1937.

I last saw him alive on July 29, 1937. Death is said to have occurred on the date stated above, at 2.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	7-29-37

Other contributory causes of importance:

Cerebral hemorrhage Unknown

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did Injury occur?

(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) H. A. de Sanctis M. D.

(Address) Baltimore City Hospitals

37810 E 37810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Edward Solomon Murray

If U. S. Veteran specify WAR

(a) Residence: No. 1140 May St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 15, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Andrew Murray

14. BIRTHPLACE (city or town) (State or country) Rock Hall Md

MOTHER

15. MAIDEN NAME Agnes Smith

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md

17. INFORMANT Agnes Murray (Address) 1140 May St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date July 31 '37

19. UNDERTAKER Clary & Wilson (Address) 1000 Bentalou ave

20. FILED 19 Registrar

31 1937

MEDICAL CERTIFICATE OF DEATH

D

21. DATE OF DEATH (month, day, year) July 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-26, 1937 to 7-30, 1937

I last saw him alive on July 30, 1937 Death is said to have occurred on the date stated above, at 10½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro-intestinal indigestion (Summer diarrhoea)	7-20-37

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James D. Carr M. D.

(Address) 515 Market St

M. D. B 1268-9

F 37811

37811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Off Stmr City of Baltimore

CITY OF BALTIMORE: (No. Off Seven Foot Knoll St.) Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred - yrs. - mos. - ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jacob S. Polikoff.

(a) Residence: No. Aiken, S. C. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Julia Polikoff.

6. DATE OF BIRTH (month, day, year) April 19, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia.

FATHER

13. NAME Maruch Polikoff.

14. BIRTHPLACE (city or town) (State or country) Russia.

MOTHER

15. MAIDEN NAME Hannah.

16. BIRTHPLACE (city or town) (State or country) Russia.

17. INFORMANT Benet Polikoff. (son)

(Address) Winston Salem, N. C.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date July 31 1937

19. UNDERTAKER Hof Funeral Home

(Address) 1164 North ave

20. FILED July 31 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from ... to ... that I last saw ... alive on ... and that I have seen the remains described above, held an autopsy (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by autopsy & inquest (Inquest, Autopsy or Inquiry) I am of opinion that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning due to jumping from Burning Steamship City of Baltimore	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? autopsy & inquest Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury 7/29/37 19

Where did injury occur? Seven foot Knoll (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Chesapeake Bay

Manner of injury Jumped from burning

Nature of injury Ship

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D. Coroner

7/30/37 (Address) 1017 S. Charles St.

37812 ✓ F 37812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 95B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital. St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Feeney. If U. S. Veteran specify WAR

(a) Residence: No. Woodstock, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) August--- 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Patrick Feeney.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Catherine Clancey

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mary Dunnigan. (niece)
(Address) Woodstock, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St Alphonsus Ter Date Aug 1 19 37
Easton Md

19. UNDERTAKER Edward Kelly
(Address) Easton Md

20. FILED 1 31 1937 Eugene Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) feel that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular disease	
Coronary Thrombosis.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Otto E Leonard, M. D. Coroner

(Address) 7/30/37 1017 S. Charles St.

V S 6

37813 F 37813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 12-3160 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Atkins

If U.S. Veteran specify WAR ...

(a) Residence: No. 2517 N Calvert St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 25, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		6 days.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mary land

MOTHER FATHER

13. Name Peter Atkins

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Eleanor Potter

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date 7/31/37

19. UNDERTAKER Wm A Fahey

(Address) Pulton & Fayette

20. FILED JUL 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 1937

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw him alive on 7/31 1937. Death is said to have occurred on the date stated above, at 7:30AM

The principal cause of death and related causes of importance were as follows:

cerebral hemorrhage

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or [illegible] Low forceps delivery, Posterior presentation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) DM Diamond M. D.

(Address) Bon Secours Hospital

37814 ✓ F 37814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Rebecca Schloss

(a) Residence: No. 2414 Eutaw Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tony Schloss

6. DATE OF BIRTH (month, day, year) April 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 10 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Rosenzweig

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esther Bass

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Tony Schloss

(Address) 2414 Eutaw Pl

18. BURIAL, CREMATION, OR REMOVAL

Place Friendship Date Aug 1 1937

19. UNDERTAKER Sol Levinson & Bros.

(Address) 1126 W. 36th ave

FILED JUL 31 1937 Huntington Hillsmith, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1937, to July 29, 1937

I last saw h.. alive on July 29, 1937. Death is said to have occurred on the date stated above, at 11:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - Breast	
Edema - left upper extremity and chest	
Bronchopneumonia	

Other contributory causes of importance:

Was an operation performed? yes Date of July 13, 1937

For what disease or injury? Drainage of Edema

Name of operation Drainage

What test confirmed diagnosis? - Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Raymond J. Fiser M. D.

(Address) Mercy Hospital Balto Md

Susan Stewart

37815 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 37815

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hospital St., Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Thomas Dale Stewart
If U. S. Veteran specify WAR

(a) Residence: No. Delta St., Ward. Pennsylvania
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of T. Dale Stewart

6. DATE OF BIRTH (month, day, year) Nov. 23, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 8037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delaware

FATHER

13. NAME Mr. George Price

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Dr. Thomas D. Stewart
(Address) 1725 H St., N.W., Washington, D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Delta, Penna Date 7/31/37, 19

19. UNDERTAKER Hubert P. Parkins
(Address) Delta York Co Pa

20. FILED , 19 Registrar.
Aug 1937 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-31-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-22-37, 19 to 7-31-37, 19

I last saw her alive on 7-31-37, 19 Death is said to have occurred on the date stated above, at 9:56 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral bronchopneumonia	7-20-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Px Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Robert Hoover M. D.
(Address) Union Memorial Hospital

M. D. H 1263-9

✓ F 37816

37816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 Church Lane St. 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? 3 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Scherr

(a) Residence: No. 1643 N. Smallwood St. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) 1887-

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburgh

FATHER

13. NAME Herman

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Mollie Glaser

16. BIRTHPLACE (city or town) (State or country) Pittsburgh

17. INFORMANT H. Lawrence Scherr

(Address) 1643 N. Smallwood

18. BURIAL, CREMATION, OR REMOVAL Rosedale Date 8-1-37

19. UNDERTAKER Jack Lowry Inc

(Address) 1439 E. Baltimore St.

20. FILED G 1-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH 1308 N

21. DATE OF DEATH (month, day, year) 7-30 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the above-named deceased on Inquest and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Stom	7/29
Gen. Peritonitis	

Other contributory causes of importance:

Was an operation performed? Yes Date of 7-30

For what disease or injury? Rupt. Viscera

Name of operation Laparotomy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/29 1937

Where did injury occur? 909 E Baltimore St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Auto while Crossing street between 2 autos

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Luther Gentry Auto M. D.

Coroner

(Address) 907 N Charles St

37817 HEALTH DEPARTMENT—CITY OF BALTIMORE 37817

CERTIFICATE OF DEATH 6-7/31

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2413 E. Fairmount Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME JENNIE MITNICK

(a) Residence: No. 2413 E. Fairmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Mitnick

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

MOTHER FATHER

13. NAME John Wallach

14. BIRTHPLACE (city or town) (State or country) Wash., D.C.

15. MAIDEN NAME Emma —

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Jerry Mitnick
(Address) 238 N. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL Baker Funeral Home 8-6-37
Date

19. UNDERTAKER Jack Lewis Inc.
(Address) 1439 E. Baltimore St.

20. FILED 19 Registrar

AUG 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-30- 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1936 to July 30 1937

I last saw her alive on July 30 1937 Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	7/30/37
Chronic Myocarditis	36+
arterial Hypertension in	36+
Chronic Nephritis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) George [illegible] M. D.

(Address) 432 S. Patterson Park

F 37818 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37818

CERTIFICATE OF DEATH

953

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nathan ~~Johnson~~ Johlonsky

If U. S. Veteran specify WAR

(a) Residence: No. 133 Dagmar St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Kate

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 54; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Confectionary Stock 019

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Isanel

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Reba

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Katie Johnsky

(Address) 133 Augusta St

18. BURIAL, CREMATION, OR REMOVAL: Place Laurel Date 8-1-37

19. UNDERTAKER: Sol Levin Inc

(Address) 1439 E. Baltimore St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to July 31, 1937

I last saw him alive on Saturday July 31 1937 Death is said to have occurred on the date stated above, at 1:30 P.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Occlusion (Heart) Block — June 1937

Arteriosclerotic Ht. Disease — 7/1/37

Other contributory causes of importance:

Cerebral Anemia — June 1937

Pulmonary Oedema — June 1937

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Irvin Sauber, M. D.

(Address) Sinai Hospital

8-1-1937 Lexington Mortuary 5th

37819 ✓ F 37819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 713

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital St. 14-2 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace Madena Presbury If U. S. Veteran specify WAR

(a) Residence: No. Forest Hill Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 26, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	1	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. schoolgirl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER
13. NAME Robert Presbury
14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER
15. MAIDEN NAME Marguerite Green
16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Robert Presbury
(Address) Forest Hill, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place removed Conv Hospital Date Aug 2 1937

19. UNDERTAKER Edgar Funk & Son
(Address) Forest Hill Md

20. FILED Aug 2 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1937 to July 31, 1937
I last saw her alive on July 31, 1937 Death is said to have occurred on the date stated above, at 5.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sickle cell anemia	?
Other contributory causes of importance: ~~none~~ staphylococcus abscess, right hip	6.?.37

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical & laboratory Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) James D. Carr M. D.
(Address) 515 Mosher St

1 - 1937

37820

HEALTH DEPARTMENT—CITY OF BALTIMORE

37820

CERTIFICATE OF DEATH

95B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 10-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Lawson

If U. S. Veteran specify WAR .....

(a) Residence: No. 811 Hanover Lane St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	married

5a. If married, widowed, or divorced —HUSBAND of— (or) WIFE of Ida Lawson

6. DATE OF BIRTH (month, day, year) May 12 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	2	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General 0040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm. Lawson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Hospital record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cem. Date 8/2 1937

19. UNDERTAKER Rayner Sanders
(Address) 1479 E. Preston St

20. FILED ..... 19 ..... Registrar

8-1-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-29 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/26/37, 19..., to 7/27, 1937

I last saw h— alive on 7-29, 1937 Death is said to have occurred on the date stated above, at 1:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic C-V disease	
Cerebral Embolism	7-26-37.
Left hemiplegia	
Pneumonia Hypostatic	
Other contributory causes of importance:	
Arteriosclerosis Intestinalis	
Chronic Myocarditis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) M. L. Hemmeter M. D.

(Address) Mercy Hospital

F 37821

HEALTH DEPARTMENT—CITY OF BALTIMORE

37821

CERTIFICATE OF DEATH

46E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-X Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos. 25 ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME George T Gomas

If U. S. Veteran specify WAR

(a) Residence: No. 130 Chesapeake Ave St., Town Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Negro | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) DEC. 22-1890

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	46	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer odd jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 3 or 5

12. BIRTHPLACE (city or town) (State or country) Loyd Ridge Q.A. Co. Md

FATHER

13. NAME Henry T Gomas

14. BIRTHPLACE (city or town) (State or country) Ann A. Co Md

MOTHER

15. MAIDEN NAME Lucy Nicholson

16. BIRTHPLACE (city or town) (State or country) A. A. Co Md

17. INFORMANT Wm Myers (Address) 1203 Brevard St

18. BURIAL, CREMATION, OR REMOVAL Place Pleasant Rest Date 8-1- 1937

19. UNDERTAKER Bryson Inman & Wright (Address) 1218 Mc Elderry St

Huntington Williams, M.D. Registrar.

20. FILED 8-1-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1937 to July 30, 1937

I last saw him alive on July 30, 1937 Death is said to have occurred on the date stated above, at ..m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the liver (primary)	6.11.37?
Other contributory causes of importance: none	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James D Carr M. D.

(Address) 515 Mosher St

Spec.—2-29-28—L. F. S.—500 Bks.

F 37822

F 37822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 159

1—PLACE OF DEATH 7 Franklin Sq. Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. 7 Eagle St. & Calhoun ST., 14-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Leonard W. Whitcomb

(a) RESIDENCE NO. Owings Mills ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 24 1937

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Co.
(State or country)

10 NAME OF FATHER Joseph L. Whitcomb

11 BIRTHPLACE OF FATHER (city or town) Balto Co.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Whitcomb

13 BIRTHPLACE OF MOTHER (city or town) Balto Co.
(State or country)

14 Informant John Whitcomb
(Address) Edgemere Md.

15 Filed 6-8-37 Lucy Lee Taylor Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/31/37

17 I HEREBY CERTIFY, That I attended deceased from 7-30-37, 19..., to 7-31-37, 19...,

that I last saw h~~e~~ alive on 7-31-37, 19...

and that death occurred, on the date stated above, at 7 45 p. m.

The CAUSE OF DEATH* was as follows:

Prematurity

Aspiration Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Nathan Wolf, M. D.

, 19 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury M.E. Cem.	Aug 2 1937
20 UNDERTAKER J. H. Cline & Sons	ADDRESS Reisterstown

37823 E 37823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-378

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sydenham Hospital Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Lee Pennington
If U. S. Veteran specify WAR: none

(a) Residence: No. 2402 E. Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 6 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Francis Pennington

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Sadie Strecker

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mother
(Address) Same

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. 8/3/37 19

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Pulaski St.

20. FILED 19 Registrar

8 1 1937 Pennington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1937 to July 31, 1937
That saw [illegible] alive on July 31, 1937. Death is said to have occurred on the date stated above, at 8.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis, simple acute	7-9-37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Spinal puncture

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D. Schwentker M. D.
(Address) Sydenham Hospital

37824 F 37824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (a) Little Sisters of the Poor St., 1021 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Thompson
If U. S. Veteran specify WAR .....

(a) Residence: No. 1200 - Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Allen Thompson

6. DATE OF BIRTH (month, day, year) Nov. 24 - 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland Co.
(State or country)

FATHER

13. NAME Henry Bates

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME Caroline Lawson

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Sister Stanislaus Sup.
(Address) Little Sisters of the Poor. city

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Aug 2 1937

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

20. FILED Aug 3 1937 Registrar Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1936 to July 31 1937
I last saw her alive on July 29 1937 Death is said to have occurred on the date stated above, at 3:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	
Other contributory causes of importance: Arteriosclerosis	
Hypostatic Pneumonia	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) W. C. Clarke M. D.

(Address) 1114 Hopkins Pl

37825 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 37825

CERTIFICATE OF DEATH

Registered No. 119

1. PLACE OF DEATH South Baltimore General Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 21 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Norman Feathers

(a) Residence: No. 101 Livingston St. St., ... Ward. ..... (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): DEC 6-1935

7. AGE: Years 1 | Months 7 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Arthur Feathers

14. BIRTHPLACE (city or town) (State or country): Brooklyn Md

MOTHER

15. MAIDEN NAME: Clara McGartner

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Arthur Feathers Brooklyn Md

18. BURIAL, CREMATION, OR REMOVAL: Place Cedar Hill Date Aug 2 37

19. UNDERTAKER (Address): William Cook 1217 St Paul St

20. FILED AUG 1 - 1937 Livingston Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1937 to July 31, 1937

I last saw him alive on July 31 1937 Death is said to have occurred on the date stated above, at 7.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, bilateral	7/31/37
Other contributory causes of importance: Non-infectious diarrhea	7/28/37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis J. Krauch, M. D.

(Address) South Balto. Gen. Hosp.

37826 E 37826

HEALTH DEPARTMENT—CITY OF BALTIMORE

37826 186a

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Mem. Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1-3 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME James Hart

(a) Residence: No. 3523 Old York Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of [redacted] of Mary Hart

6. DATE OF BIRTH (month, day, year) June 4th 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0015 carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas Hart

14. BIRTHPLACE (city or town) (State or country) Boston

MOTHER

15. MAIDEN NAME Elizabeth O Brien

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thomas Hart
(Address) 3529 O.Y. Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary's Govans Date 8/2 1937

19. UNDERTAKER Wilson Bros
(Address) 1219 E Fayette St

20. FILED AUG 1 1937 Functional Supervisor of Records

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	7/29/37

Other contributory causes of importance: Fall on steps (out side) Setting

Was an operation performed? Date July 27

For what disease or injury? Fracture of Hip

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Ac Date of injury 27 day July 1937

Where did injury occur? 3528 York Rd Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Fall on outside steps

Nature of injury Fracture of hip

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A Evans M. D.
Coroner

(Address) Coroner

over

✓ F 37827

HEALTH DEPARTMENT—CITY OF BALTIMORE

37827

CERTIFICATE OF DEATH

210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Square Hosp 20-6

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Elmer Carnes If U. S. Veteran specify WAR No Record

(a) Residence: No. 355 Font Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Katherine Carnes

6. DATE OF BIRTH (month, day, year) 1-13-1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as engineer, sawyer, bookkeeper Cabinet Furniture

9. Industry or business in which work was done, as mill, saw mill, bank, etc. Bolo Baldo

10. Date deceased last worked at this occupation (month and year) July 37

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John H. Carnes

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary J Nash

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Katherine Carnes
(Address) 355 Font Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 8 3 1937

19. UNDERTAKER Pullman & Leo
(Address) 2102 Eutaw

20. FILED ..... Registrar

AUG 1 - 1937

MEDICAL CERTIFICATE OF DEATH 6 AM

21. DATE OF DEATH (month, day, year) July 31 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held ..... (Inquest, Autopsy or Inquiry) thereof and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fract. Skull	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 31, 1937

Where did injury occur? Font Ave and Font Hill
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place Street

Manner of injury Struck by Auto While Crossing Street

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Helen Gurley Bates M.D. Coroner

(Address) 902 N Chapel St

F 37828 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37828

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hospital Registered No. 945
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2211 Rogers St. 27-15 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John L. Merritt — If U.S. Veteran specify WAR ...

(a) Residence: No. 2211 Rogers Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Merritt

6. DATE OF BIRTH (month, day, year) Dec 3 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lynchburg Va

FATHER

13. NAME William L. Merritt

14. BIRTHPLACE (city or town) (State or country) Lynchburg Va

MOTHER

15. MAIDEN NAME Martha Jacobs

16. BIRTHPLACE (city or town) (State or country) Lynchburg Va

17. INFORMANT Etta Cuddy
(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 8-2 1937

19. UNDERTAKER Fulton Corpe
(Address) 1211 Park Ave

20. FILED 19 ... (Registrar)

8-1-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1937 to July 31 1937
last saw him alive on July 21 1937. Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	—
Other contributory causes of importance: Paralysis Left side 3 yrs	

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) George C. Shannon, M. D.

(Address) 700 N. Fulton Ave

See note on back

37829 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 37829

CERTIFICATE OF DEATH

1. PLACE OF DEATH Home Methodist M E Church 131

CITY OF BALTIMORE: (No. 2211 Rogers Ave St.,) Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harriet Perkins

If U.S. Veteran specify WAR

(a) Residence: No. 2211 Rogers Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. Hopkins Perkins

6. DATE OF BIRTH (month, day, year) Feb 28 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nothing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Robert Mumma

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary Hopkins

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Ella Cadle

(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 8-2-37

19. UNDERTAKER Hudson & Cadle

(Address) 1217 E. Fort Ave

20. FILED 19 Registrar

8-1937 Waiting for Certificate

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 1937

22. I HEREBY CERTIFY, That I attended deceased from June 7 1937 to July 31 1937

I last saw her alive on July 29 1937 Death is said to have occurred on the date stated above, at 12:45 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 28

Other contributory causes of importance: Chronic Nephritis

Was an operation performed? No. Date of

For what disease or injury? None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) George C. Thomson M. D.

(Address) 7100 N. Fulton Ave

M. D. B 1268-9

F 37830

F 37830 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Off Stmr. "City of Baltimore"

CITY OF BALTIMORE: (No. Off Seven Foot Knoll St., / Ward)

Registered No. 2131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Abel Whealton.

If U. S. Veteran specify WAR

(a) Residence: No. 39 Parkin Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) June 3, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman Stmr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Baltimore

10. Date deceased last worked at this occupation (month and year) July 29, 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crisfield, Md.

FATHER

13. NAME William H. Whealton.

14. BIRTHPLACE (city or town) (State or country) Crisfield, Md.

MOTHER

15. MAIDEN NAME Nellie Lawson.

16. BIRTHPLACE (city or town) (State or country) Crisfield, Md

17. INFORMANT Mrs. Wm. McDonald. (sister)

(Address) 39 Parkin St.

18. BURIAL, CREMATION, OR REMOVAL Place Crisfield Md Date 8/2/37 19

19. UNDERTAKER Asa G. Miller Son

(Address) 435 E. Church St.

FILED 1937 19 Registrar

Interment Tinkertop Methodist, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, before burial; that I have viewed the same and from the evidence obtained by autopsy & inquest (Inquest, Autopsy or Inquiry) and from said deceased came to his autopsy & inquest (Inquest, Autopsy or Inquiry) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	
due to jumping from Burning	
Steamship City of Baltimore	
"	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? autopsy & inquest. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 7/29/37 19

Where did injury occur? Seven Foot Knoll

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Chesapeake Bay

Manner of injury Jumped from Burning Ship

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

7/31/37 (Address) 1017 S. Charles St. Coroner

37831

HEALTH DEPARTMENT—CITY OF BALTIMORE

37831

CERTIFICATE OF DEATH

Registered No. 490

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Ella Loden

If U. S. Veteran specify WAR

(a) Residence: No. 4909 Edmondson Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mch 25 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Dennis Loden

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Lanahan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John T Loden (Address) Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cem. 8/2 37

19. UNDERTAKER Geo A Ayers (Address) Fulton & Fayette

20. FILED 8-1-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/29/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 7/13 1937 to 7/29 1937

I last saw h[illegible] alive on 7/27 1937 Death is said to have occurred on the date stated above, at 12 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinomas of lung	
Pleurisy with effusion	over
Other contributory causes of importance: Cardiac failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas B Marsh, M. D.

(Address) Bon Secours Hosp

V F 37832

37832 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 37832

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) St Joseph Hospital St., 9-9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 4 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME C. Melton Stapf
(a) Residence: No. Main St. Ward. Hydes, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katharine Stapf

6. DATE OF BIRTH (month, day, year) March 27, 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	4	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER
13. NAME Frederick Stapf
14. BIRTHPLACE (city or town) (State or country) Germany

FATHER
15. MAIDEN NAME Anna Rothhaupt
16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Mrs. Katharine Stapf
(Address) Main St. Hydes, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 8/3/ 1937

19. UNDERTAKER John J. Forbes & Son
(Address) 901 E. Fallsway

20. FILED [illegible] Registrar.

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/30/ 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Injury (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Amputation of both upper extremities & legs	

Other contributory causes of importance:
Hemorrhage & Shock

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7-30 1937
Where did injury occur? B & O R.R. Balto. Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public place
Manner of injury Train ran over deceased
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schreiber M. D.
Coroner
(Address) 1912 E. North Ave

F 37833 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37833

CERTIFICATE OF DEATH

2046 131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bon Secours Hospital St., Annex Ward)

Length of residence in city or town where death occurred 71 yrs. 11 mos. 29 dys. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Mary Sumwalt

If U. S. Veteran specify WAR .....

(a) Residence: No. 248 S. Monastery Ave., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE~~) of Mrs. Richard Sumwalt

6. DATE OF BIRTH (month, day, year) 8/1/1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Maryland

FATHER

13. NAME Dennis Cushnaughan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary O'Brien

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr Richard F. Sumwalt

(Address) 248 S. Monastery Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk. Date 8/3/ 1937

19. UNDERTAKER John J. Cowan & Son

(Address) 901 Hollins St.

20. FILED 1937 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/30 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/27/37, 19..., to 7/30, 1937

I last saw h.e.r alive on 7/30/, 1937 Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Cholelithiasis	
Hypostatic Congestion	
Arteriosclerosis C.V. disease	
Other contributory causes of importance:	over
Emphysema.	

Was an operation performed? No Date of —

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Chas B. March M. D.

(Address) Bon Secours Hosp

33,671

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37834

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edmond Garcia

If U. S. Veteran specify WAR .....

(a) Residence: No. 1818 Y St. St., ... Ward. Washington D.C
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 8 - 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	36	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6042

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Haiti

FATHER

13. NAME Pierre Garcia

14. BIRTHPLACE (city or town) (State or country) Haiti

MOTHER

15. MAIDEN NAME Coralie Vincent

16. BIRTHPLACE (city or town) (State or country) Haiti

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Cap Haitien, Haiti Date July 2 1937

19. UNDERTAKER Mrs. George F. Holland
(Address) 1631 Druid Hill Ave

20. FILED JUL 31 1937 Asst Registrar Washington D.C

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 10 1937 to July 30 1937
I last saw him alive on July 30 1937 Death is said to have occurred on the date stated above, at 3.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension-cardio-vascular dis	1936
Nephrosclerosis	1936
Other contributory causes of importance:	
Uremia	July 10, 1937

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Edmund L. Kearney, M. D.

(Address) Johns Hopkins Hospital

F 37835

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37835

CERTIFICATE OF DEATH

13 ✓ 107a

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2225 Brookfield Ave. Ward.

Length of residence in city or town where death occurred Lifetime yrs. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Varina Wilson

If U. S. Veteran specify WAR .....

(a) Residence: No. 2225 Brookfield St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Wm. Wilson

6. DATE OF BIRTH (month, day, year) Jany. 23 1863

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
74	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wool

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Chas. Winternitz

14. BIRTHPLACE (city or town) (State or country) Prague

MOTHER

15. MAIDEN NAME Wilhelmine Bloch

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs. M. Rosenberg
(Address) 2225 Brookfield Ave.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Loudon Pk. Date Aug. 2 1937

19. UNDERTAKER Harold Goodwin & Son
(Address) 1902 Eutaw Place

20. FILED ..... 19..... Registrar.

Aug. 2 - 1937 E. Leigh Wilson M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31. 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1935 to July 1937

I last saw her alive on July 30, 1937 Death is said to have occurred on the date stated above, at 12.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	July 28
Other contributory causes of importance:	
Arteriosclerosis	1935

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) E. Leigh Wilson M. D.

(Address) 1810 Eutaw Pl.

33834 8 ✓ F 37836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 X 99

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 19 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Arlie Harris — If U. S. Veteran specify WAR .....

(a) Residence: No. 1073 E 8 St- St., N. Ln. Ward. Wash. Hl - C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 9/20/1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Structure Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Work 1079

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John Harris

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Burnett Ida Harris

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records - (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Wash DC Date 8/2 19 37

19. UNDERTAKER H. Montemann (Address) 1011 7th St N.W.

20. FILED ..... 19 ..... Registrar.

AUG 2 - 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1 1937

22. I HEREBY CERTIFY, That I attended deceased from June 12 1937 to Aug - 1 1937

last saw alive on Aug 1 1937 Death is said to have occurred on the date stated above, at 9:5-a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Periarteritis nodosa with acute nephritis	1937
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Elizabeth H. Cliff, M. D.

(Address) Johns Hopkins Hosp.

F 37837

7837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

128

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St. 34-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Scroggs

(a) Residence: No. 1474 Reynolds St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred Snyder

6. DATE OF BIRTH (month, day, year) June 21 1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Propfuller 0059

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. York Road Co

10. Date deceased last worked at this occupation (month and year) July 20 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Marc Joseph Scroggs

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Morgan

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Mary Scroggs Knapp
(Address) 1474 Reynolds St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Cem Date Aug 4 37

19. UNDERTAKER Chas P Sheehy
(Address) 1501 Pont Ave

20. FILED ..... 19..... Registrar

52-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 1937

22. I HEREBY CERTIFY, That I attended deceased from July 29 1937 to July 31 1937

last saw him alive on July 31 1937 Death is said to have occurred on the date stated above, at 5 45/60 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pancreatitis	7-26-37
Other contributory causes of importance: Chronic Rheumatic Cardiovascular disease	?

Was an operation performed? Yes Date of 7-29-37

For what disease or injury? Acute Pancreatitis ?

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Frank B Stephenson M. D.

(Address) 1 Jos Hosp.

37838 37838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..yrs. ..mos. 16 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.
If U. S. Veteran specify WAR

2. FULL NAME Robert McDowell
(a) Residence: No. Turner Station Ward. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 1935

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
1	8		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S C.

FATHER
13. NAME Robert McDowell
14. BIRTHPLACE (city or town) (State or country) S C.

MOTHER
15. MAIDEN NAME Emmie Jones
16. BIRTHPLACE (city or town) (State or country) S C.

17. INFORMANT Robert McDowell
(Address) Turners Station

18. BURIAL, CREMATION, OR REMOVAL
Place Woodward S.C. Date Aug 2nd 1937

19. UNDERTAKER Elroy A Wilson
(Address) 1000 Brantley Ave

20. FILED 2-1937 [illegible] for Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/31/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1937 to ..., 19.. I last saw h.i.m alive on 7-31-37, 19.. Death is said to have occurred on the date stated above, at 5.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	7-16-37
Mediastinal t.b.c.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm E. Faulkner M. D.
(Address) University Hospital

37839

HEALTH DEPARTMENT—CITY OF BALTIMORE

37839

CERTIFICATE OF DEATH

51C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 E 29th St., 96 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give Its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ..... mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John F Louis

If U. S. Veteran specify WAR .....

(a) Residence: No. 1712 E 29th St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Katherine E Louis

6. DATE OF BIRTH (month, day, year) July 22 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	—	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Louis

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Radecke ~~Redmond~~

16. BIRTHPLACE (city or town) (State or country) Germany ~~Hackensack~~

17. INFORMANT Mr Charles H. Louis

(Address) 3002 Chesterfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Aug 3. 1937

19. UNDERTAKER John F. Dennis

(Address) 715 Light St

20. FILED ..... 19..... Registrar.

AUG 2 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from B - 5 - 1936 to 7 - 31 - 1937

I last saw him alive on 7 - 29 - 1937. Death is said to have occurred on the date stated above, at 5-30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate	Unknown
Metastases	
Other contributory causes of importance:	

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Geo. B. Sybert M. D.

(Address) 2802 Harford Ave

F 37840

37840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., #15261-CGA | - | Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Zaborowski

(a) Residence: No. 2900 Elliott St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	W

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dora

6. DATE OF BIRTH (month, day, year) 2-19-1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Repair Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Louis

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anne ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of Balto. City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus 8/2/37

19. UNDERTAKER Conrad J. Bode
(Address) 5305 Harford Rd.

20. FILED ..... 19 ..... By .....

8-2-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-18, 1937 to 7-28, 1937

I last saw him alive on 7-28, 1937. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism - Pulmonary	7/28
Other contributory causes of importance:	
Varicose ulcers - legs	1936

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Was there an autopsy? No

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) L.K. Greenwood Jr. M. D.

(Address) Balto. City Hosp.

37841 V E 37841

HEALTH DEPARTMENT—CITY OF BALTIMORE

24828--CM

CERTIFICATE OF DEATH

Registered No. 47B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 65 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Edwards

(a) Residence: No. 220 N. Dallas St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addie.

6. DATE OF BIRTH (month, day, year) 6-10-1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George (D)

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Price (D)

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Cem. Date 8/2 19 37

19. UNDERTAKER Isaac D. Locke Jr.
(Address) 502 Jefferson St.

20. FILED 8-2-1937 19 Registrar Lillian Whitehead

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1937 to July 30, 1937

I last saw h. alive on July 30, 1937. Death is said to have occurred on the date stated above, at 3:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	June 1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. A. De Lautelle, M. D.

(Address) Baltimore City Hospitals

842 E 37842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

44a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Hospital St., ... Ward).

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR. .....

2. FULL NAME Michael Di Pinto

(a) Residence: No. 15 N. Bradford St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Sing'l

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 25, 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
6	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Nick Di Pinto

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Asunta Carolla

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

17. INFORMANT Mother
(Address) Same

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Aug 2 1931

19. UNDERTAKER Frank Della Vale
(Address) 52 N. Motley St

20. FILED ..... 19..... Registrar

Aug 2 - 1931 Washington Nathanson M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1937 to July 31, 1937

I last saw him alive on July 31, 1937 Death is said to have occurred on the date stated above, at 5 1/2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Varicella	7-13-37
Cellulitis of scalp	7-18-37
Staphylococcus septicemia	7-19-37
Staphylococcus meningitis	7-20-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Cultures Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis T. Schweitzer M. D.

(Address) Lyden Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37843 — CERTIFICATE OF DEATH — 23 F 37843

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hospital St. 1?? Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Olive Lewis

If U. S. Veteran specify WAR

(a) Residence: No. 510 North St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6. DATE OF BIRTH (month, day, year): May 3 1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Kennedy Lewis

14. BIRTHPLACE (city or town) (State or country): N. C.

MOTHER

15. MAIDEN NAME: Elizabeth Lee

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Kennedy Lewis
(Address): 510 North St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Calvary Date: Aug 2 1937

19. UNDERTAKER: J. Leighton Holland
(Address): 1?? Druid Hill Ave

20. FILED: Aug 2 1937 — Registrar — Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 25 1937, to July 29 1937

I last saw her alive on July 29 1937 Death is said to have occurred on the date stated above, at 9.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Pneumonia	?
Tuberculosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hachman Davidson, M. D.

(Address) University Hospital

Aug 2 1937

37844 HEALTH DEPARTMENT—CITY OF BALTIMORE 37844

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1027 Jenkins St., 11-A Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Geo. Riase,

If U.S Veteran specify WAR .....

(a) Residence: No. 1027 Jenkins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day... hrs. or ... min.
36	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Longshoreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0074

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md.

FATHER

13. NAME Howard Riase

14. BIRTHPLACE (city or town) (State or country) Cambridge Md.

MOTHER

15. MAIDEN NAME Mamie Chester

16. BIRTHPLACE (city or town) (State or country) Cambridge Md.

17. INFORMANT Mamie Riase
(Address) 1027 Jenkins alley.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Aug 2, 1937

19. UNDERTAKER Adolphus Holt Sr.
(Address) 908 Eutaw Pulaski,

[illegible] Lexington Williams, M.D. [illegible]

2-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1937 to July 27, 1937

I that saw him alive on July 27, 1937 Death is said to have occurred on the date stated above, at 1.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	

Was an operation performed? — Date of —

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank E. Evans M. D.

(Address) 627 Lemmon

EKG

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37845 97 F 37845

37845

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4216 Connecticut Av. St., / Ward)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carl Albach.

(a) Residence: No. 4216 Connecticut Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louise W. Albach.

6. DATE OF BIRTH (month, day, year) July 16/1869.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germy.

FATHER

13. NAME George Albach.

14. BIRTHPLACE (city or town) (State or country) Germy.

MOTHER

15. MAIDEN NAME Katherine Braun.

16. BIRTHPLACE (city or town) (State or country) Germy.

17. INFORMANT Louise W. Albach.
(Address) 4216 Connecticut Av.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Augs 1937

19. UNDERTAKER E. Sklosman & Son
(Address) 1839 Hanover St.

FILED AUG 2 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1937, to July 30, 1937

I last saw him alive on July 30, 1937 Death is said to have occurred on the date stated above, at 24 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arterio-sclerosis	
hypo-tension	2 yrs.
Other contributory causes of importance:	
acute dilitation	1 day

Name of operation Date of

What test confirmed diagnosis? Cl & Phy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. J. Lyons M. D.

(Address) 3321 Fredk Ave

37846 ✓ F 37846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3402 Walbrook Ave. 15 Ward) 15-16

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 4 mos. 9 ds. How long in U. S. If of foreign birth? 79 yrs. 4 mos. 9 ds.

2. FULL NAME Josephine Elizabeth Smith

If U. S. Veteran specify WAR NONE.

(a) Residence: No. 3402 Walbrook Ave St., 15 Ward. 15-16

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Charles G. Smith

6. DATE OF BIRTH (month, day, year): March 22 1858

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Henry Funck

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Rosina Stausch

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Jeanette Smith (daughter)

(Address) 3402 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Hill Mount Date: Aug-2-1937

19. UNDERTAKER: Elliott Monk Co.

(Address) 108 W North Ave.

20. FILED: [illegible] 1937

[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 31st 1937

22. I HEREBY CERTIFY, That I attended deceased from July 25th 1937 to July 31st 1937

I last saw her alive on July 30th 1937 Death is said to have occurred on the date stated above, at 1;20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Chronic Nephritis	7/8/37
Other contributory causes of importance:	
Cerebral Embolus	7/24/37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical diagnosis Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. D. Culver Hance M. D.

(Address) 1901 Eutaw Place.

2-1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37847

37847

CERTIFICATE OF DEATH

#2117B

1. PLACE OF DEATH Union Memorial Hosp. Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. WdC Ward)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Chin If U. S. Veteran specify WAR NONE

(a) Residence: No. 212 N. Greene St., City Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Yellow	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Don't Know

6. DATE OF BIRTH (month, day, year) About - 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 43	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 212 N Greene 0041

10. Date deceased last worked at this occupation (month and year) About - May - 1937

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) China

FATHER

13. NAME Could not Ascertain

14. BIRTHPLACE (city or town) (State or country) China

MOTHER

15. MAIDEN NAME Could not ascertain

16. BIRTHPLACE (city or town) (State or country) China

17. INFORMANT Chin Quang (cousin)
(Address) 312 Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Aug-2- 1937

19. UNDERTAKER Stewart Mowen Co.
(Address) 108 W North Ave.

20. FILED ... 19... Registrar.

AUG 2 - 1937 Huntington Pittsburgh, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to July 29, 1937

I last saw him alive on July 28, 1937. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess	
Duodenal Ulcer also	

Other contributory causes of importance:

Was an operation performed? Yes Date of May 17, 1937

For what disease or injury? Duodenal Ulcer

Name of operation Partial resection of stomach

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Frank M. Weaver M. D.

(Address) Union Memorial Hospital

37848 HEALTH DEPARTMENT—CITY OF BALTIMORE 37848

CERTIFICATE OF DEATH

8-4 / 31-84

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U.S. Veteran specify WAR .....

2. FULL NAME John W. Almond

(a) Residence: No. 504 Chapel Gate Lane, ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write) the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 8-1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0050

10. Date deceased last worked at this occupation (month and year) 1904

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John almond

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Angeline Winkes

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT (Address) Mt. Hope Retreat (Records)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date August 3/37

19. UNDERTAKER (Address) Stewart & Mowen Co. 108 W. North Ave. Balto. Md.

20. FILED Lexington Building, Balto, Md.

AUG 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) aug. 1 . 1937

22. I HEREBY CERTIFY, That I attended deceased from March , 1934 to aug. 1- . 1937

I last saw him alive on aug. 1- . 1937 Death is said to have occurred on the date stated above, at 11:45A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dementia Praecox	33 yrs.
Chronic Interstitial Nephritis	?
Acute Cardiac Dilatation	½ da

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis Findings Was there an autopsy? No.

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Dr. Magruder C. Slacum

(Address) 3316 Fredrick Ave

F 37849

33246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35a

Registered No.....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Patterson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1302 Harlem ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fred

6. DATE OF BIRTH (month, day, year): 7-19-1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME Daniel Foster

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME Annie Montgomery

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Calvary Date Aug 3 1937

19. UNDERTAKER (Address): James Addison 142 Wolfe St

20. FILED ..... 19 ..... Registrar.

AUG 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1937 to July 30, 1937

I last saw her alive on July 30, 1937 Death is said to have occurred on the date stated above, at 1046 p m.

The principal cause of death and related causes of importance were as follows:

Generalized Peritonitis due to tubo-ovarian abcess

Date of onset: 7/27/37

over

Other contributory causes of importance:

Was an operation performed? Yes Date of 7-29-37

For what disease or injury?

Name of operation Exploratory Lap. Appendect. with drainage

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul A. Kimball, M. D.

(Address) The Johns Hopkins Hospital

✓ F 37850

F 37850 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1215 N. Montford Ave., 3-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 65 yrs. 6 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR None.

2. FULL NAME Lillie Ann Cole.
(a) Residence: No. 1215 N. Montford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White.
5. Single, Married, Widowed, or Divorced (write the word): Widow
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Henry Cole.
6. DATE OF BIRTH (month, day, year): January 20 1872.
7. AGE: Years 65 | Months 6 | Days 10 | If LESS than 1 day, hrs. or min.

(OCCUPATION)
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None; At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore - Md.

(FATHER)
13. NAME: Michael McGann.
14. BIRTHPLACE (city or town) (State or country): Unknown.

(MOTHER)
15. MAIDEN NAME: Rose McKeddin.
16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMANT: Miss Ida Cole.
(Address) 1215 Montford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Cem. Date: Aug. 2. 1937

19. UNDERTAKER: Charles J. Schlosser.
(Address) 505 N. Monroe St.

AUG 2 - 1937

Huntington Williamson, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 30. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1935, to July 30, 1937.
I last saw h alive on July 30, 1937. Death is said to have occurred on the date stated above, at. 5:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7/30/37
Arteriosclerosis	?
Angina pectoris	?
Chronic heart failure	4/15/37
Other contributory causes of importance: Chronic nephritis	

Was an operation performed? — Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) Samuel Chizmar M. D.
(Address) 708 E. Preston St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37851 CERTIFICATE OF DEATH 108 F 37851

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1743 Orleans St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellamena Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 1743 Orleans St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Louis Johnson

6. DATE OF BIRTH (month, day, year): Sept 4 1900

7. AGE: Years 36 | Months 10 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto md

FATHER

13. NAME: Horace Smith

14. BIRTHPLACE (city or town) (State or country): Balto md

MOTHER

15. MAIDEN NAME: Laura Smith

16. BIRTHPLACE (city or town) (State or country): Balto md

17. INFORMANT: Louis Johnson

(Address) 1743 Orleans St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Aug 2 1937

19. UNDERTAKER: Elbert D. Wilson

(Address) 1000 Brantly ave Huntington Williamsport Md

AUG 2 - 1937

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year): July 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 22 1937 to July 30 1937

I last saw h[illegible] alive on July 30 1937 2 p.m. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Acute Lobar Pneumonia — Date of onset: July 22 1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? [illegible] Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George C. Allen M. D.

(Address) 5 N Caroline St

Trans

37852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

920 F 37852

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1354 Whatcoat St., (S.) Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Stewart

If U. S. Veteran specify WAR

(a) Residence: No. 1354 Whatcoat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Stewart

6. DATE OF BIRTH (month, day, year) March 28 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Henry Hawkins

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Matilda Gastrides

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ella Murray
(Address) 1213 N. Stricker st.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date 8-2 1937

19. UNDERTAKER George F. Nelson
(Address) 1303 Pennsylvania ave

20. FILED AUG 2 - 1937 Registrar Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 730 am,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart lesion,	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Hamilton Murray M. D.
Coroner

(Address) 12 Stricker

37853 F 37853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH 1305 Belvedere ave
CITY OF BALTIMORE: (No. ..... St., 27-15 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 7 mos. 29 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Charles F Fardwell
If U. S. Veteran specify WAR .....

(a) Residence: No. 1305 Belvedere ave., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anne Jud G Fardwell

6. DATE OF BIRTH (month, day, year) May 7 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	2	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Md

FATHER
13. NAME Wm Fardwell
14. BIRTHPLACE (city or town) (State or country) Balt

MOTHER
15. MAIDEN NAME Sarah Muster
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Carl Wellborn
(Address) 3411 Calloway.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Aug 3 37

19. UNDERTAKER Harry R. Amberg & Son
(Address) 4701 Ridgewood Ave

20. FILED ..... 19 ..... Registrar.

2-1937 Huntington Hillcrest

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
find that said deceased came (Inquest, Autopsy or Inquiry)
to ~~his~~ death on the day stated above

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	7/29/37

Other contributory causes of importance Chronic Interstitial Nephritis

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation No Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 ...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John A Evans M. D.
Coroner
(Address) Coroner

37854

HEALTH DEPARTMENT—CITY OF BALTIMORE

37854

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1544 McKean Ave St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosalinda Galbreath

If U. S. Veteran specify WAR

(a) Residence: No. 1544 McKean Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 20 - 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Perfect Garment Co

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME William Edward Galbreath

14. BIRTHPLACE (city or town) (State or country) Balt. Md

MOTHER

15. MAIDEN NAME Mary Anna Davies

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Miss Harriet Galbreath
(Address) 1544 McKean Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 8/3/37. 19

19. UNDERTAKER Geo. Weber & Son
(Address) 2503 Edmondson Ave

20. FILED 19

8-2-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/31/37. 19

22. I HEREBY CERTIFY, That I attended deceased from July 26 19 37 to July 31st 19 37

I last saw her alive on July 31st 19 37. Death is said to have occurred on the date stated above, at 12:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	yrs 35
Other contributory causes of importance:	
Acute Endocarditis	5 d.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) William J. Sherman M. D.

(Address) 1701 N. Eutaw Street

E 37855

HEALTH DEPARTMENT—CITY OF BALTIMORE

37855

CERTIFICATE OF DEATH

93c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4000 Sinclair Lane St. 16-3 Ward)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frederick Stehr

(a) Residence: No. 4000 Sinclair Lane St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Anna Stehr

6. DATE OF BIRTH (month, day, year) Feb-13-1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse Shoer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1936

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Stehr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harry F. Buckheuer

(Address) 4000 Sinclair Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Aug 3 1937

19. UNDERTAKER Martin H. E. Dippel

(Address) 37 S. Amity St.

20. FILED ... 19 ... Registrar.

Aug 6 1937 Huntington Pittsville, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1- , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schreiber M. D. Coroner

(Address) 1912 E. North Ave.

37856 F 37856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 1002 Argyle Ave. Registered No. 94B

CITY OF BALTIMORE: (No. ... St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Johnnie G. Lindsay If U. S. Veteran specify WAR World war

(a) Residence: No. 1002 Argyle Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Mack Lindsay

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Fanny Rudd

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Edgar Lindsay (brother) (Address) Hanover Pa.

18. BURIAL, CREMATION, OR REMOVAL Place National Cem. Date 8/3/ 1937

19. UNDERTAKER Frances A. Hepinsley (Address) 576 W. Biddle St.

20. FILED Aug 3 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) upon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Nace Kramer, M. D. Coroner

(Address) 1618 Hanover

V S 6

8-2-1937

F 37857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 25338--CM

Registered No. Nov 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Kostina, Pasher (Nelson History gives Christina) If U. S. Veteran specify WAR .....

(a) Residence: No. 4102 E. Lombard St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel

6. DATE OF BIRTH (month, day, year) 8-22-1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Un. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Alec. Kowalchook

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Kattie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place STONY RUN, Md Date Aug 4th 1937

19. UNDERTAKER George A. Weber
(Address) 700 E. Lanvale St

20. FILED 8-2-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1937, to August 2, 1937

I last saw h.. alive on August 2, 1937. Death is said to have occurred on the date stated above, at 1402 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma Uraemia	1921
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. C. Reinstein, M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37858

CERTIFICATE OF DEATH

167 F 37858

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....da.

2. FULL NAME Patrick J. Durkin

If U. S. Veteran specify WAR .....

(a) Residence: No. 616 N. Decker Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Margaret Durkin

6. DATE OF BIRTH (month, day, year) June 3, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	47	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 4061

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Patrick J. Durkin

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Bridget

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Margaret Durkin
(Address) 616 N. Decker Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Aug 3, 1937

19. UNDERTAKER John A. Modany
(Address) 2000 E. Balto St

FILED AUG 2 - 1937 Huntington for Williams, M.D.

VSG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of head	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury July 30, 1937

Where did injury occur? 616 N. Decker Ave. Balto
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Shot self in head with

Nature of injury a revolver

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Paul Schenker Coroner, M. D.

(Address) 1919 E. Northern Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37859

CERTIFICATE OF DEATH

8-3131 F 37859

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3953 Greenmount Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M. Schad

If U. S. Veteran specify WAR

(a) Residence: No. 3953 Greenmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Married

3a. If married, ~~widowed, or divorced~~ (or) WIFE of John Schad

6. DATE OF BIRTH (month, day, year) May 14 1860

7. AGE: Years 77 | Months 2 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shrewsbury Pa.

FATHER

13. NAME John Knapp

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Bowers

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Schad Jr.

(Address) 3953 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 3, 37

19. UNDERTAKER John A. Myers

(Address) 3000 E. Baltimore St.

AUG 2 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/1, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 4, 1933 to August 1, 1937

I last saw her alive on July 31, 1937. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	1933
Other contributory causes of importance:	
Arteriosclerosis	
Chronic myocarditis	1935

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Howard Peyton, M. D.

(Address) 3522 Greenmount Avenue

37860 1608 ✓ F 37860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St. 137 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lawrence Wright

If U. S. Veteran specify WAR

(a) Residence: No. Wyman Pk. Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Gertrude

6. DATE OF BIRTH (month, day, year): 8-25-79

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Frank Wright

14. BIRTHPLACE (city or town) (State or country): N.J.

MOTHER

15. MAIDEN NAME: Mary Scobell

16. BIRTHPLACE (city or town) (State or country): N.Y.

17. INFORMANT (Address): Records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL: Place London Park Date Aug 3 1937

19. UNDERTAKER (Address): Henry H. Jenkins Sons Co. Edward N. Colbert

20. FILED 8-2-1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1937 to August 1, 1937

I last saw him alive on August 1, 1937 Death is said to have occurred on the date stated above, at 9.25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	1934
Pyonephrosis.	

Other contributory causes of importance:

Was an operation performed? Yes Date of 7/13/37

For what disease or injury? Peri-renal abscess.

Name of operation Nephrostomy

What test confirmed diagnosis? Blood urea determination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James H. Semans M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

37861 ✓ F 37861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Church Home & Infirmary. Registered No.

CITY OF BALTIMORE: (No. 3100 Hindson ave St., 28-V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Caroline Bosley

(a) Residence: No. 4406 Maine Avenue. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John Hooper Bosley

6. DATE OF BIRTH (month, day, year): Aug 19 1874

7. AGE: Years 62 | Months 11 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): 8-1-37.

11. Total time (years) spent in this occupation: Life.

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Robert T. Pittman

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Anna H. Pattison

16. BIRTHPLACE (city or town) (State or country): Taylors Island. Md.

17. INFORMANT (Address): Mary R. Hauptman 4406 Maine Ave

18. BURIAL, CREMATION, OR REMOVAL: Plac Taylors Island Md Date Aug 3 1937

19. UNDERTAKER (Addr): John Mitchell Sons 1900 Eutaw Place

Filed 8-2-1937 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-12-37. 1937. to 8-1-37. 1937

I last saw her alive on 8-1- 1937 Death is said to have occurred on the date stated above, at 3:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Poisoning.	5 Days.
Hypertensive. Cardio-Vascular-Renal disease.	20 yrs. ago.
Arteriosclerosis.	

Other contributory causes of importance:

arteriosclerosis.
Nephritis.

Name of operation Excision of cystfroma Date of July 20-40
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Wesley J. Ketz M. D.

(Address) Church Home Hosp. Balto

F 37862

M. D. B. 1765-9

37862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University of Maryland St. ____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ____ mos. 1 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR ____

2. FULL NAME Joseph W. Newby

(a) Residence: No. 7 Delrey Ave. Catonsville St., ____ Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lois Corprew

6. DATE OF BIRTH (month, day, year) Oct 24. 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	53	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Traffic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Davidson Transfer Co.

10. Date deceased last worked at this occupation (month and year) manager

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Frank M. Newby

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Milicent Cartwright

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Mrs. Lois C. Newby

(Address) 7 Delrey Ave. Catons.

18. BURIAL, CREMATION, OR REMOVAL

Place Norfolk, Va. Date Aug. 3, 1937

19. UNDERTAKER Chas. Mitchell Sons

(Address) 1900 Eutaw Place

1937 Huntington Indiana, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance	

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of Injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) G. K. Oselun Coroner M. D.

(Address) 2757 W. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

37863 ✓ F 37863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1872

1. PLACE OF DEATH Home
CITY OF BALTIMORE: (No. 3501 E. Baltimore St., 26 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 56 yrs. 10 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME Michael J. Nickol
(a) Residence: No. 3501 E. Baltimore St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or WIFE of): Mrs. M. J. Nickol
6. DATE OF BIRTH (month, day, year): Jan 11 - 1879
7. AGE: Years 58; Months 6; Days 20; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: R.R. freight Conductor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B & O. R.R.
10. Date deceased last worked at this occupation (month and year): about 5 years ago
11. Total time (years) spent in this occupation: about 25 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER
13. NAME: George Nickol
14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER
15. MAIDEN NAME: Kunigunda ? last name not known
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Jos. Nickol (Son)
(Address) 3501 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Sacred Heart Cem. Date: Aug 3, 1937

19. UNDERTAKER: Lilly & Zeiler, INC.
(Address) 403 S. Wolfe St.

20. FILED: AUG 3 1937 [illegible] for Williams, M.C.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 31, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage (? Apoplexy)
Date of onset: about 1932

Other contributory causes of importance: Two previous attacks

Was an operation performed? No. Date of
For what disease or injury?
Name of operation: Date of
What test confirmed diagnosis? None. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood, Coroner, M. D.
(Address) 1712 N. Bond St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37864

CERTIFICATE OF DEATH

48 F 37864

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 N KENWOOD AVE St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME MARIE E. HUPFER

(a) Residence: No. 503 N KENWOOD AVE St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of HENRY A. HUPFER

6. DATE OF BIRTH (month, day, year) FEB. 7/1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME PATRICK H. WHITFELD

14. BIRTHPLACE (city or town) (State or country) VA.

MOTHER

15. MAIDEN NAME MARY E. SMITH

16. BIRTHPLACE (city or town) (State or country) BALTO. MD.

17. INFORMANT HENRY A. HUPFER (HUS.)
(Address) 503 N. KENWOOD AVE

18. BURIAL, CREMATION, OR REMOVAL
Place HOLY REDEEMER Date AUG. 4 1937

19. UNDERTAKER Fally & Zeilenhoe.
(Address) 403 S. WOLFE ST.

20. FILED AUG 2 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1936 to July 31, 1937

I last saw h 5 PM on July 30, 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix & Vagina	
Other contributory causes of importance:	

Was an operation performed? None. Date of

For what disease or injury?

Name of operation None.

What test confirmed diagnosis? Labo clinical. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Natural Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. A. Schumacher M. D.

(Address) 842 S. Broadway

Spec.—2-29-28—L. F. S.—500 Bks.

37865

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37865

CERTIFICATE OF DEATH

81

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital ST., 1414 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. William J Hartman

(a) RESIDENCE NO. 342 S Fulton Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Alma Hartman

6 DATE OF BIRTH (month, day, and year) Sept 8 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer) Barber 0004

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Henry M. Hartman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Eisenwedt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant William J. Hartman

(Address) 922 E. 37th St.

15 Filed 2-1931 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-2-37

17 I HEREBY CERTIFY, That I attended deceased from 7-23-37, 19..., to 8-2-37, 19..., that I last saw h... alive on 8-2-37, 19..., and that death occurred, on the date stated above, at 4 10 A- m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac failure & dilation

Chronic Pulmonary Congestion & Edema

Muscular Atrophy

Tuberculous arthritis (duration) yrs. mos. ds.

Scleroderma

CONTRIBUTORY (Secondary) Mild Hypertension (duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ..... M. D.

19..... (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 8/4-1937

20 UNDERTAKER Robert Brooks & Son

ADDRESS Calhoun ...

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37866 — 95B F 37866

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hospital ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mr James Lawrence Boston

(a) RESIDENCE NO. 2500 St Paul St ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hattie Boston

6 DATE OF BIRTH (month, day, and year): March 16 1879

7 AGE: Years 58 | Months 4 | Days 15 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Rail Rooder

(b) General nature of industry, business, or establishment in which employed (or employer): Engineer 1873

(c) Name of employer: Penn. R R.

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Joshua Boston

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Jane Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: John Boston

(Address): Edmondson Ave

15 Filed AUG 2 - 1937 by Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-1-37

17 I HEREBY CERTIFY, That I attended deceased from 7-26-37, 19..., to 8-1-37, 19...

that I last saw h... alive on 8-1-37, 19...

and that death occurred, on the date stated above, at 7 40 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Terminal Pneumonia

Hypertension Cardio-Vascular (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Disease (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? ...

(Signed) Nathan Wolf, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fam Grove Pa — DATE OF BURIAL: Aug 4 1937

20 UNDERTAKER: P. Howard Hobbs — ADDRESS: Pa

37867 ✓ F 37867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 W. Hamburg St., 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Rebecca Kuehn

If U.S. Veteran specify WAR

(a) Residence: No. 116 W. Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Kuehn

6. DATE OF BIRTH (month, day, year) Dec. 1. 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner 1934

10. Date deceased last worked at this occupation (month and year) July 15 1937

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME William Helms

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Meier

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Caroline D. Kuehn
(Address) 116 W. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Aug 3. 1937

19. UNDERTAKER Mr. & Mrs. John W. Riebel & Son
(Address) 501 W. Lafayette St.

20. FILED 2-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 24. 1937 to Aug. 1. 1937.

I last saw her alive on July 30. 1937. Death is said to have occurred on the date stated above, at 5:50 a m:

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitis	Unknown.
Other contributory causes of importance:	
Angina Pectoris.	July 29/37.

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Ben. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry Wade Smith Jr. M.D.

(Address) 938 Hanover st.

F 37868

37868 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 164a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3304 Mondawmin Ave Ward) 15-7

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Virginia Snyder

If U. S. Veteran specify WAR .....

(a) Residence: No. 3304 Mondawmin Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Snyder, Sr.

6. DATE OF BIRTH (month, day, year) May 12, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	2	27/30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harrisonburg Va.

FATHER

13. NAME Hamilton Wyatt

14. BIRTHPLACE (city or town) (State or country) Chesterstown S.C.

MOTHER

15. MAIDEN NAME Hannah E. Rank

16. BIRTHPLACE (city or town) (State or country) Gathings Tenn

17. INFORMANT Louis Wyatt

(Address) 2100 Bryant Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk Date 8/4 1937

19. UNDERTAKER Geo. W. Little

(Address) 2700 Edmondson Ave.

20. FILED 8-2-1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 2 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above. 7 00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 8/2 1937

Where did injury occur? 3304 Mondawmin Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Gas from kitchen stove

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] M.D. (Coroner)

(Address) 1215 Hanover

H. D. B 1248-9

37869

F 37869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1435 Cooksie St. St., 21-1 Ward)

Length of residence in city or town where death occurred 56 yrs. mos. da. How long in U. S. If of foreign birth 26 yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mary Larveck. (LOVEZIK)

(a) Residence: No. 1435 Cooksie St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced (or) WIFE of Frank Larveck.

6. DATE OF BIRTH (month, day, year) September 10/1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Joseph Novak.

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Anna Larveck. (daughter)
(Address) 1435 Cooksie St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date 8/3/37

19. UNDERTAKER Leonard J. Ruck
(Address) 5305 Harford Rd

20. FILED 8-3 19 37 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of right femur.	2/4/37
Accidental fall to floor.	
Cardio vascular disease.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 2/4/37

Where did injury occur? 1435 Cooksie St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of injury Fall to floor.

Nature of injury Fractured femur.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto U. Kimlaat M. D.
Coroner

8/1/37 (Address) 1017 S. Charles St.

8-1937 Registrar.

37870 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 37870

CERTIFICATE OF DEATH

75

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Holbrook St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick T. May

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1200 Holbrook St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~(or WIFE of)~~: Bertha S. May

6. DATE OF BIRTH (month, day, year): Jan 19th 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: W. P. A.

10. Date deceased last worked at this occupation (month and year): July 1937

11. Total time (years) spent in this occupation: 1/2

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Peter H. May

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Elizabeth H. Powers

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Bertha S. May

(Address): 1200 Holbrook st

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: Aug 3rd 1937

19. UNDERTAKER: Wm Cook

(Address): 1217 St Paul st

20. FILED 19 Registrar

AUG 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 31st 1937

22. I HEREBY CERTIFY, That I attended deceased from July 29 1937 to July 31 1937

I last saw h.. alive on July 31 1937 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	
Other contributory causes of importance:	
Acute Alcoholism	

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. F. Sterzing M. D.

(Address) 1305 N. Patterson Park

37871 E 37871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St., 121 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel H. Springer
If U. S. Veteran specify WAR No Record

(a) Residence: No. 370 Greenmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha L. Springer

6. DATE OF BIRTH (month, day, year) Feb. 22, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	5	8 10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER
13. NAME Unknown Springer
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Martha Lippmann
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. J. Carroll Tipton
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug 4, 1937

19. UNDERTAKER Wm. Cook & Son
(Address) 1711 Pennsylvania Ave

20. FILED AUG 3 - 1937 Washington Williamson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Renal Disease	7 yrs
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Samuel W. Wolfe Coroner, M. D.
(Address) 133 S. Paca St

F 37872

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37872

CERTIFICATE OF DEATH

463

#25062--GK

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 1-3 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Charles Yost

(a) Residence: No. 724 S. Port St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced HUSBAND of Catherine Yost

6. DATE OF BIRTH (month, day, year) Oct 30th 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Feed + Grain Co

10. Date deceased last worked at this occupation (month and year) Jan 1937

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Conrad Yost

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina ? Kane

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of Balto. City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date Aug 4th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 19 Registrar.

8-3-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-1-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-16 1937 to 8-1 1937

I last saw him alive on 8-1 1937. Death is said to have occurred on the date stated above, at 11:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	March 1937
Cardio vascular failure	7/31/37
Other contributory causes of importance:	

Was an operation performed? Yes Date of 7/26/37

For what disease or injury? Carcinoma stomach

Name of operation Polya - partial resection stomach

What test confirmed diagnosis? Surgical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lt. Woodward Jr. M. D.

(Address) Balto. City Hosp.

37873 HEALTH DEPARTMENT—CITY OF BALTIMORE 37873

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH South Baltimore General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Hagermann — If U. S. Vet. specify WAR 76 Record

(a) Residence: No. 509 E. St. Sparrows Point Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth R Hagermann

6. DATE OF BIRTH (month, day, year) Dec 25 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74yrs	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gardener 1086

10. Date deceased last worked at this occupation (month and year) 7 — 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Elkridge Md.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME ""

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Elizabeth V. Meehan
(Address) 509 E St. Sparrows Point

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 3rd 1937

19. UNDERTAKER Wm Cook
(Address) 1217 E Pratt St

20. FILED ..... 19 ..... Registrar.

Aug 3 - 1937 Livingston for Baltimore Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1st 1937

22. I HEREBY CERTIFY, That I attended deceased from July 14 1937 to Aug 1st 1937

I last saw him alive on Aug 1st 1937. Death is said to have occurred on the date stated above, at 8:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	7/19/37

Other contributory causes of importance:

Was an operation performed? Yes Suprapubic Cystotomy Date of 7/19/37

For what disease or injury? Benign Prostatic Hypertrophy

Name of operation Suprapubic Cystotomy

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Louis J. Kroll, M. D.

(Address) South Balto. Gen. Hosp.

37874 HEALTH DEPARTMENT—CITY OF BALTIMORE 37874

CERTIFICATE OF DEATH 50

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1534 Wineland St. 15th Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Minnie Schein

(a) Residence: No. 1534 Wineland Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry Schein

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham Linder

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachael M. —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Husband
(Address)

18. BURIAL, CREMATION, OR REMOVAL Ruredale Date 8/3 19 37

19. UNDERTAKER Jos. Sauer Sons
(Address) 1439 E. Oliver St.

20. FILED 19 Registrar.

8-5-1937 Huntington, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-2- 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 36 to Aug. 2 1937

I last saw her alive on Aug. 2, 1937 Death is said to have occurred on the date stated above, at 10:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma	March 35
Broncho-Pneumonia (acute)	July 35
Other contributory causes of importance: Arthritis	1933

Was an operation performed? Yes Date of none 1935

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Linder M. D.

(Address) 16 S. Broadway

37875 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37875

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St. 12 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Amelia Harmon Kennedy

If U. S. Veteran specify WAR .....

(a) Residence: No. Lutherville, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ball Kennedy

6. DATE OF BIRTH (month, day, year) April 19-1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

FATHER

13. NAME Charles Albright

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Melvin Kennedy
(Address) Lutherville Md.

18. BURIAL, CREMATION OR REMOVAL Aug. 5 1931
Place Cedar Hill

19. UNDERTAKER John Bruce Sons
(Address) Towson, Md.

20. FILED Aug 6 1931 [illegible] Registrar.

GJ - 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8 - 3 . 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-1- , 1931, to 8 - 3 , 1931

I last saw her alive on 8 - 2 , 1931 Death is said to have occurred on the date stated above, at 5:58 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Broncho Pneumonia	3 days
Myocardial failure	2 wks.
	over

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, Suicide, or Homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G Galen Brenden, M. D.

(Address) Union Memorial Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37876 — 93c — F 37876

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 Int Royal Ave 20 7/8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Julia F. Stinefelt

(a) Residence. No. 204 S. Augusta Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry F. Stinefelt

6. DATE OF BIRTH (month, day, year) June 29-1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	1	32	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles P. Wagster

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elizabeth Bragus

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. C. E. Linderking

(Address) 1401 Int Royal Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug. 4th 1937

19. UNDERTAKER George L. Schwab

(Address) 2191 Frederick Ave.

20. FILED ..... 19.... Registrar.

AUG 3 - 1937 Washington, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1st 1937

22. I HEREBY CERTIFY, That I attended deceased from June 30 1937 to August 1 1937

I last saw h... alive on Aug 1 1937 Death is said to have occurred on the date stated above, at 4:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	
Chronic Myocarditis	2 Yrs
Other contributory causes of importance:	
Enlargement of Aorta	4 years

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward L. Boos M. D.

(Address) 413 N. Washington

37877 E 37877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1 x 468

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Good Shepherd Hospital (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Stevens
If U. S. Veteran specify WAR

(a) Residence: No. Wise Ave. Route 10 St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

5a. If married, widowed, or divorced
HUSBAND of Mary Stevens

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

FATHER

13. NAME Charles Stevens

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Salem Knox Texas 2nd Date 8/3 1937

19. UNDERTAKER John C. Connelly
(Address)

20. FILED Aug 4 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 1 1937

22. I HEREBY CERTIFY, That I attended deceased from June 3 1937 to Aug 1 1937
I last saw h... alive on July 31 1937 Death is said to have occurred on the date stated above, at 4:30 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	?
Other contributory causes of importance:	
Secondary Anemia	?
Myocardial degeneration	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. Walter Stevenson M. D.
(Address) 1606 Penna Ave.

37878 ✓ F 37878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

951

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1008 N Carrollton St., 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Parke West

If U.S Veteran specify WAR

(a) Residence: No. 1008 N. Carrollton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George R West

6. DATE OF BIRTH (month, day, year) Aug 1, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mildred ct co Va

FATHER

13. NAME James L Reid

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Park West

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Clara E. Stuart

(Address) 1008 Carrollton ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mildred ct co Va Date August 3 1937

19. UNDERTAKER Joseph A. Lively

(Address) 1401 Mount St Huntington W Va

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 1937

22. I HEREBY CERTIFY, That I attended deceased from July 18 1937 to July 31 1937

I last saw h.. alive on July 31 1937 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

Cardio-Renal

Date of onset July 31

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. F. Hatcher M. D.

(Address) 1775 Park Ave

G 3-

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37879 CERTIFICATE OF DEATH X 46a F 37879

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ellen Martha Toy.

If U. S. Veteran specify WAR .....

(a) Residence: No. Benedict, St., ... Ward. Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 1037

10. Date deceased last worked at this occupation (month and year) June, 1931

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Estip

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mittie Parsons

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Margaret Thomas

(Address) 311 W. St. Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Benedict, Md. Date 8/4 37

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pressman St.

20. FILED ..... 19.....

8-3-1937 ..... Registrar, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 17 1937 to August 1, 1937

I last saw her alive on August 1, 1937 Death is said to have occurred on the date stated above, at 5:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Oesophagus extension to trachea	1933
Other contributory causes of importance:	

Was an operation performed? Gastrostomy - 7/24/37 Tracheotomy 8/1/37

For what disease or injury? occlusion of oesophagus and trachea

Name of operation above

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) S. Edwin Muller M. D.

(Address) Mercy Hospital, Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37880

CERTIFICATE OF DEATH

81

F 37880

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. Hospital Ward) 21-W

Length of residence in city or town where death occurred 27 yrs. 11 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Charles J Brown

(a) Residence: No. 3108 Grindon Ave St., Ward 21

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (~~or WIFE of~~) Dorothy E. Brown

6. DATE OF BIRTH (month, day, year) Aug. 14, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, MD.

FATHER

13. NAME Charles W. Brown

14. BIRTHPLACE (city or town) (State or country) Baltimore, MD

MOTHER

15. MAIDEN NAME Caroline Wehr

16. BIRTHPLACE (city or town) (State or country) Baltimore, MD

17. INFORMANT Dorothy E. Brown

(Address) 3108 Grindon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London PK Date Aug 5/37

19. UNDERTAKER Philip Sterling Sons

(Address) 2044 Orleans St

AUG 3 - 1937 Huntington Williamsport Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-2 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-5 1937 to 8-2 1937

I last saw h/~~HE~~ alive on 8-2-37 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

INFECTIOUS MYELITIS

Data of onset 6-5-37

Other contributory causes of importance:

Was an operation performed? NO Date of .....

For what disease or injury? .....

What test confirmed diagnosis? NONE Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Milton Levin M. D.

(Address) WBGH

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37881 CERTIFICATE OF DEATH 126 F 37881

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 5-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Thiele
(a) Residence: No. 1409 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Julius H. Thiele

6. DATE OF BIRTH (month, day, year) Sept 4/1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Lorenz Reimel
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Louisa Albaugh
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Julius H. Thiele
(Address) 1409 E. Balto St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date Aug 4/37

19. UNDERTAKER Philip Herwig Sons
(Address) 2061 Eutaw Pl

Huntington Nathaniel [illegible] Registrar.

20. FILED AUG 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1 1937

22. I HEREBY CERTIFY, That I attended deceased from July 28 1937 to Aug 1 1937
last saw her alive on Aug. 1 1937 Death is said to have occurred on the date stated above, at 3.30 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Hypertension	?

Other contributory causes of importance: Acute Cholecystitis & Stones

Was an operation performed? Yes Date of 7-29-37
For what disease or injury? Cholecystitis
Name of operation Cholecystostomy
What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of Injury —
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) Frank L Steltzman M. D.
(Address) 614 Jos Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37882

CERTIFICATE OF DEATH

131 F 37882

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2229 Wilkens Ave St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie C. Eberlein

(a) Residence: No. 2229 Wilkens Ave St., 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of John Eberlein

6. DATE OF BIRTH (month, day, year) Mar. 22-1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) 0 0 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Jung

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Kinderwater

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Otto Jung (brother)
(Address) 2229 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug. 3-37

19. UNDERTAKER C.W. J. B. Hippert & Son
(Address) 1300 Eutaw Place
(Filed) AUG 3 - 1937 Huntington Williams, Reg

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31-37

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1933 to July 31, 1937
I last saw her alive on July 29, 1937 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Cerebral Apoplexy	7-31-37
Arterio-Sclerosis with arterial Hypertension	1931
Other contributory causes of importance: Nephritis, Chronic	1925

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. Floyd Johnson M. D.
(Address) Catonsville, Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37883

CERTIFICATE OF DEATH

F 37883

Registered No. 93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1418 Barnes 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Warren

If U. S. Veteran specify WAR

(a) Residence: No. 1418 Barnes St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Warren

6. DATE OF BIRTH (month, day, year): 7-1-1870

7. AGE: Years 67 | Months 7 | Days - | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Littleton N.C.

FATHER

13. NAME: Charles Warren

14. BIRTHPLACE (city or town) (State or country): Littleton N.C.

MOTHER

15. MAIDEN NAME: Minerva Warren

16. BIRTHPLACE (city or town) (State or country): Littleton N.C.

17. INFORMANT: Roosevelt Warren
(Address) 601 Milliman St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date aug 4 1937

19. UNDERTAKER: E. Bryan
(Address) 1241 Orleans St.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-1-1937

22. I HEREBY CERTIFY, That I attended deceased from 7/1 1937 to 8/1 1937

I last saw him alive on 8/1 1937 Death is said to have occurred on the date stated above, at 11:30 P. M.

The principal cause of death and related causes of importance were as follows:

Myocarditis and Arteriosclerosis

Date of death 7/1/37

over

Other contributory causes of importance: Arterio-Sclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so specify

(Signed) Jas. R. Blake M. D.

(Address) 924 Arlington St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37884 CERTIFICATE OF DEATH 131 F 37884

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2624 Frederick Ave St. 20-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? 54 yrs. mos. ds.
If U. S. Veteran specify WAR None.

2. FULL NAME Ludwig Hippmann.
(a) Residence: No. 2624 Frederick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widowed.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie Hippmann.

6. DATE OF BIRTH (month, day, year) Nov. 10-1868.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	8	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Baker. 1003
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER
13. NAME Ludwig Hippmann Sr.
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Lena Marohl.
(Address) 2624 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Aug. 3- 1937.

19. UNDERTAKER Charles L. Schwalb.
(Address) 505 N. [illegible] St.

Registrar.

AUG 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 1937

22. I HEREBY CERTIFY, That I attended deceased from July 15 1937 to July 31 1937
I last saw him alive on July 31 1937 Death is said to have occurred on the date stated above, at 6 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
End Stage Hypertension	
Chronic Nephritis	
Contributory causes of importance: Pulmonary Edema	

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Herbert C. Ykeck M. D.
(Address) 2151 Wilkens Ave

M. D. P. 1268-9

Rev. Kensey John Hammond. D.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37885 F 37885

CERTIFICATE OF DEATH

953

1. PLACE OF DEATH Church Home & Infirmary

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 514-1 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kensey John Hammond D.D.

(a) Residence: No. 1815 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Florence W. J. Hammond

6. DATE OF BIRTH (month, day, year): June 26-1858

7. AGE: Years 79 | Months 1 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

0018

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Chas H. Hammond

14. BIRTHPLACE (city or town) (State or country): Easton Md.

MOTHER

15. MAIDEN NAME: Julia Johns

16. BIRTHPLACE (city or town) (State or country): Del

17. INFORMANT (Address): Mrs Florence W. J. Hammond 1815 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL: Place: Springs Hill Cem. Easton Md. Aug 4-37

19. UNDERTAKER (Address): Chas J. Wade & Son 1510 North Eutaw Place

20. FILED: AUG 3 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/2/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 8/1/37 . 19 . to 8/2/37 . 19

I last saw him alive on 8/2/37 . 19 . Death is said to have occurred on the date stated above, at 2 05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	2 yrs.

Other contributory causes of importance:

Acute Cardiac dilatation	
Generalized Arteriosclerosis	2 yrs.
Stenosis of pulmonary artery	?

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Clement Hoffman M. D.

(Address) Church Home & Infirmary

CAUTION—This certificate is very important. See instructions on back of certificate.

37886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-782a F 37886

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3814 Tudor Arms Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Spicer Hooker

If U. S. Veteran specify WAR

(a) Residence: No. 3814 Tudor Arms Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

Lifetime

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Oct 25 1851

7. AGE: Years 85 | Months 9 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: James A. Hooper

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Katharine A. Hooper

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs. Wm Somerville (Address) 3814 Tudor Arms Ave

18. BURIAL, CREMATION, OR REMOVAL: Greenmount Cem. Aug 4 37

19. UNDERTAKER: Chas. H. Davis & Son (Address) 118 W. Mt. Royal Ave

20. FILED Aug 3 1937 Registrar.

G 3 - 1937

Lexington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 2 — 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15 1937 to Aug 2 1937

last saw her alive on Aug 2 1937. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1 d.
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. H. Pearce M. D.

(Address) 2105 N. Charles St

✓ F 37887

F 37887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 123

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 6605 Pine ave St. Helena Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Zebec.

(a) Residence: No. 6605 Pine ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katherine Zebec.

6. DATE OF BIRTH (month, day, year) June 16 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria Hungary

FATHER

13. NAME George Zebec

14. BIRTHPLACE (city or town) (State or country) Austria Hungary

MOTHER

15. MAIDEN NAME Magdalene

16. BIRTHPLACE (city or town) (State or country) Austria Hungary

17. INFORMANT Father Zebec
(Address) 6605 Pine ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Mary Date Aug. 5 - 1937

19. UNDERTAKER Lilly & Zeibert Inc
(Address) 403 S. Eager st.

AUG 3 - 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2 - 1937

22. I HEREBY CERTIFY, That I attended deceased from July 24 1937 to Aug 2 1937

I last saw him alive on July 31 1937. Death is said to have occurred on the date stated above, at 2 ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1936(?)

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) 90 [illegible] Ave
Duluth, Md

F 37888

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37888

CERTIFICATE OF DEATH 25310 --- C.

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., No. 108 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Schepling or Schepleng

(a) Residence: No. 607 S. Oldham St., St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-21-1919

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph Schepleng

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Helen Moss

16. BIRTHPLACE (city or town) (State or country) Vienna

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Aug. 4 1937

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED ..... 19..... Registrar.

AUG 3 - 1937 Eugene Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1937, to July 31, 1937
I last saw him alive on July 31, 1937. Death is said to have occurred on the date stated above, at 11 50 P.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 7-25-37

Other contributory causes of importance:
Cerebral hemorrhage at Birth

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical? Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION IS VERY IMPORTANT. See INSTRUCTIONS ON BACK OF CERTIFICATE.

37889 ✓ E 37889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23567-CM

Registered No. 953

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Flemister

(a) Residence: No. 132 E. Barney St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) 1-10-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Mary Sherman

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records of Balto. City Hosps.
(Address) Mrs. C. Grier

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Aug 5 37

19. UNDERTAKER Geo L Byers Sr
(Address) 512 Holland St

20. FILED 3-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1937, to August 3, 1937.

I last saw h— alive on August 3, 1937. Death is said to have occurred on the date stated above, at 12:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1936

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

37890 F 37890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Albert Rupper

If U. S. Veteran specify WAR

(a) Residence: No. Westminister, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Margaret Rupper

6. DATE OF BIRTH (month, day, year) Nov. 11 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	58	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) July 1937

11. Total time (years) spent in this occupation 41yrs.

12. BIRTHPLACE (city or town) (State or country) Westminster Md.

FATHER

13. NAME Adam Rupper.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Biere

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT (Address) Mrs. Wist. c/o Calvert St. Balt. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Johns Date aug 6 1937

19. UNDERTAKER (Address) N. Bankard & Son Westminster, Md.

20. FILED Huntington Nathanson, M.D.

AUG 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 14 1937 to Aug 3, 1937

I last saw him alive on Aug 3 1937 Death is said to have occurred on the date stated above, at 11:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas & extensive metastasis to liver.	unknown

Other contributory causes of importance:

Secondary anemia.	

Was an operation performed? yes Date of July 28 1937

For what disease or injury? Carcinoma of pancreas.

Name of operation Exploratory laparotomy.

What test confirmed diagnosis? Biopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Richard S. Lyerly M. D.

(Address) University Hospital, Baltimore.

OCCUPATION is very important. See instructions on back of certificate.

37891

HEALTH DEPARTMENT—CITY OF BALTIMORE

37891

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Esplanade Apts. St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel M. Ottenheimer

(a) Residence: No. Esplanade Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Stella Cohen Ottenheimer

6. DATE OF BIRTH (month, day, year) Dec. 5, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Refrigerator & Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Supply Merchant 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Moses Ottenheimer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bettie----------

16. BIRTHPLACE (city or town) (State or country) Geermany

17. INFORMANT Mr. Elmer Ottenheimer
(Address) Esplanade Apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Oheb Shalom Cem. Date Aug. 4, 1937

19. UNDERTAKER Harris Sonnenstein & Son
(Address) 1902 Eutaw Place.

FILED 3 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16th 1936 to Aug 1st 1937

I last saw him alive on Aug 2d 1937 Death is said to have occurred on the date stated above, at 1: P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac hypertrophy	1936
arteio Sclerosis	1936
hypertension	1936
Gen. neplurites	1936
Other contributory causes of importance: Coronary thrombosis	1937

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. Michelson, M. D.

(Address) 2230 Eutaw Place.

OCCUPATION is very important. See instructions on back of certificate.

37892

HEALTH DEPARTMENT—CITY OF BALTIMORE

37892

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1029 W 36th St. St., 13-6 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles G. Pearce

(a) Residence: No. 1029 W 36th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

6

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret V. Pearce

6. DATE OF BIRTH (month, day, year) Jan 13, 1913.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
24	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 0031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Quality Road Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Benjamin F. Pearce

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Mary C. Hahn.

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Margaret V. Pearce
(Address) 1029 W 36th St.

18. BURIAL, CREMATION, OR REMOVAL
Druid Ridge Date Aug 5 1937

19. UNDERTAKER Thompson Bros.
(Address) 2615-17 Christmas Ave.

20. FILED Aug 5 1937 Clifton T. Perkins, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 31 1937 to Aug 2 1937

I last saw h[illegible] alive on Aug 1 1937 Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Duration	2 yrs
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] M. D.
(Address) 850 W 36 St

37893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 37893

1063

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital 2000 St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Viria Steinacker

(a) Residence: No. 2635 Delaney St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	W.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Daniel Steinacker

6. DATE OF BIRTH (month, day, year) Jan 2, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0.37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Benjamin Gist

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Elizabeth Spencer

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Daniel Steinacker

(Address) 2635 Delaney St.

18. BURIAL, CREMATION, OR REMOVAL Dear Park, Carroll Co. Md. Date Aug 5 1937

19. UNDERTAKER Clemons & Son

(Address) 3615-17 Elmhurst Ave.

20. FILED Aug 5 1937 Registrar

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 4 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-28 1937, to 8-2 1937.

I last saw h alive on Aug. 2nd 1937. Death is said to have occurred on the date stated above, at 4:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Disseminated Bronchopneumonia	7-28-37
Other contributory causes of importance: Chronic Bronchitis	?
Mental Debility ?	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) L O Steinacker M. D.

(Address) St Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

Dr. Bagli - 6000 Harford Rd

37894 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 37894

CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3401 Kenyon Ave St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bertram S. Kirk

(a) Residence: No. 3401 Kenyon Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elara V. Kirk

6. DATE OF BIRTH (month, day, year) March 26, 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Elija Kirk

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Elizabeth Sheridan

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Elara V. Kirk
(Address) 3401 Kenyon Ave

18. BURIAL, CREMATION, OR REMOVAL
Mt. Bayn, Harford Co, Md. Date Aug. 5, 1937

19. UNDERTAKER Thanowetzer
(Address) 3615-17 Christian Ave

20. FILED 3-1937

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1st 37, 1937, to Aug 2 37, 1937

I last saw h... alive on Aug 2 37. Death is said to have occurred on the date stated above, at 10-15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis -	
decompensation	
Nephritis (Chr) Art. Sclerosis	

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, Yes

(Signed) Francis L. Bagli M. D.

(Address) 6077 Harford Rd.

37895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9 5 B F 37895

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes' Hospital,

CITY OF BALTIMORE: (No. Wilkens & Caton Aves, St. 11-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Clara J. Wigart,

If U. S. Veteran specify WAR .....

(a) Residence: No. 700 Park Ave, St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Philip B. Wigart

6. DATE OF BIRTH (month, day, year) July 5, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Wright

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Margaret Knight

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Nellie Heilman
(Address) 704 Winston Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Greer Mount Cem. Date 8/5 1937

19. UNDERTAKER Henry V. Mears & Son
Address 500 N. Calvert St.

UG 3 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-3- 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-14- 1937 to 8-3- 1937

I last saw h.. alive on 8-3- 1937 Death is said to have occurred on the date stated above, at 6.50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	6-27-
Arteriosclerotic Cardiovascular Disease	
Hemiplegia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. Edmunds M. D.

(Address) St. Agnes Hospital

OCCUPATION IS very important. See instructions on back of certificate.

V8 3

37896 E 37896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. — mos. — da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR —

2. FULL NAME Andrew Turner (17203)

(a) Residence: No. 1428 Carrol St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gladys Turner

6. DATE OF BIRTH (month, day, year) Feb. 28, 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Biscuit Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Queeney

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cemetery Date Aug 3 1937

19. UNDERTAKER Hatie R Williams

(Address) 322 N Fenwick St

20. FILED 8-3-1937 Hatie R. Williams

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 1. 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 16 1936, to Aug. 1 1937

I last saw him alive on Aug. 1 1937. Death is said to have occurred on the date stated above, at 6:10 a.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs — Date of onset July 1936.

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X-Ray & SPUTUM. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) L. M. Curtis M. D.

(Address) Baltimore City Hosp.

37897

✓ F 37897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 Beaumont ave. 27-10 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rose Bell Hicks

(a) Residence: No. 906 Beaumont ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F Hicks

6. DATE OF BIRTH (month, day, year) Oct 11 - 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0037

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME John Archer Bell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Margaret Bunting

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Frank F Dorsey

(Address) 906 Beaumont ave

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery Date Aug 4 1937

19. UNDERTAKER Chas. H. Blake

(Address) 742 N Eutaw ave

20. FILED 3-1937 Huntington Williamsport Md

4

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ..... 19 .....

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

V S 3

37898 F 37898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

663

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 N. Central Ave. St., 17 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marcela V. Frizzell

If U.S Veteran specify WAR ....

(a) Residence: No. 1403 N. Central Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December 8, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

FATHER

13. NAME Joel Frizzell

14. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

MOTHER

15. MAIDEN NAME Sarah E. Crooks

16. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

17. INFORMANT Mrs. Wm. T. Hill
(Address) 1403 Central Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Aug. 4 37

19. UNDERTAKER Jos B. Cook
(Address) 1003 W. Baltimore St

20. FILED 3-1937 Huntington Williams, Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1 19 37

22. I HEREBY CERTIFY, That I attended deceased from June 15 19 37 to Aug 1 19 37

I last saw her alive on August 1 19 37. Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3 yrs
Other contributory causes of importance: Chr Endocarditis	?
Hypertension	?

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Parker M. D.

(Address) 1114 Harford Ave.

37899 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37899

CERTIFICATE OF DEATH

82a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 E. 36th St., 9-3 Ward)

(If death occurred in a hospital or institutinn, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert H. Blatchley Sr If U. S. Veteran specify WAR No Record

(a) Residence: No. 506 E. 36th St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ BUSBAND of ~~or WIFE of~~ Susie T. Blatchley

6. DATE OF BIRTH (month, day, year) May 15th 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as ~~spinner~~, sawyer, bookkeeper, etc. Retired Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Blatchley

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Isabella Andrews

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Susie Blatchley

(Address) 506 E. 36th St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Aug 6th 1937

19. UNDERTAKER William Cook

(Address) 1217 St Paul st

20. FILED 19 Registrar.

AUG 4 - 1937 Baltimore, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3rd, 1937

22. I HEREBY CERTIFY, That I attended deceased from July - 15, 1937, to aug - 3, 1937

I last saw h.im alive on aug, 2, 1937 Death is said to have occurred on the date stated above, at 2 P.m.

The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage. — Date of onset

Other contributory causes of importance: Generalized arteriosclerosis. Hypertension

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. Brooke Boyle M. D.

(Address) 5309 - Harford Rd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37900 ✓ F 37900

CERTIFICATE OF DEATH

93c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 130 Holbrook St., ... Ward)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Thomas C. Osbourn

(a) Residence: No. 130 Holbrook St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Laura

6. DATE OF BIRTH (month, day, year) Oct 19-1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	9	14/3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1886

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Can Maker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A A Co. Md.

FATHER

13. NAME Andrew Osbourn

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Faulkner

16. BIRTHPLACE (city or town) (State or country) A A Co Md

17. INFORMANT Clara Osbourn
(Address) 130 Holbrook St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 8/5/37

19. UNDERTAKER Williams Cook
(Address) 1217 St Paul St.

AUG 4 - 1937 [illegible] Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3. 1937

22. I HEREBY CERTIFY, That I attended deceased from April 27. 1937. to Aug 3 1937

I last saw him alive on Aug 27. 1937. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	?
Other contributory causes of importance: Arterio Sclerosis	?
Myocarditis (Chronic)	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Symp Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E M Parker M. D.

(Address) 1117 Harford Ave

OCCUPATION IS VERY important. See instructions on back of certificate.

37901

HEALTH DEPARTMENT—CITY OF BALTIMORE

37901

CERTIFICATE OF DEATH 21822--CM

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 8-4 107a Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ....mos.....da. How long in U. S. If of foreign birth? ....yrs.....mos.....da.

2. FULL NAME Fannie Madden

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2248 E. Biddle St., St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-3-1886

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ———

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm. Madden

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Emma McClure

16. BIRTHPLACE (city or town) (State or country) (D)

17. INFORMANT Records of Belto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Aug 5th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED AUG 4 - 1937 Huntington Undertaking Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1937 to August 2, 1937

I last saw her alive on August 2, 1937. Death is said to have occurred on the date stated above, at 2.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7-26-37

Other contributory causes of importance:

Huntington's Chorea	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Sanctis, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

37902

HEALTH DEPARTMENT—CITY OF BALTIMORE

37902

CERTIFICATE OF DEATH

473

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 E. Federal St., 816 Ward)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bruno W. Weide

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1514 E. Federal St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Alma Weide

6. DATE OF BIRTH (month, day, year) July 16th 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0086

10. Date deceased last worked at this occupation (month and year) May 1937

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Johann Weide

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bertha Liebtke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Alma Weide

(Address) 1514 E. Federal St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Aug 4 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED Aug 4 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1st, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1937, to August 1, 1937

I last saw him alive on August 1, 1937. Death is said to have occurred on the date stated above, at 5:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lungs.	
Other contributory causes of importance:	
none.	

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation no.

What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James Graham Marston, M. D.

(Address) 516 Cathedral St.

OCCUPATION is very important. See instructions on back of certificate.

No. 8

F 37903 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37903

CERTIFICATE OF DEATH

72a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 20-2 Ward) Mulberry & Caton Aves.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. if of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME William P. Moran

(a) Residence: No. 28 N. Pulaski St St., ...Ward.....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 10th 1888

7. AGE Years	Months	Days 23	If LESS than 1 day.....hrs. or .....min.
49	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Electric Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Patrick Moran

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Dolan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary M. Moran
(Address) 28 N. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Aug 5th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED AUG 4 - 1937 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-3- 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-27 1937, to 8-3 1937

I last saw him alive on 8-3 1937. Death is said to have occurred on the date stated above, at 12:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myeloid Leukemia (Chronic)	2 yrs ago
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy & clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Lawrence J. Shimanek M. D.

(Address) St. Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 37904

HEALTH DEPARTMENT—CITY OF BALTIMORE 37904

CERTIFICATE OF DEATH

#24795--Clk 82a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City nospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran, specify WAR No Record

2. FULL NAME William Flamm

(a) Residence: No. 802 E. Preston St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M (Sep)

5a. If married, widowed, or divorced HUSBAND of [redacted] Fannie (Sep)

6. DATE OF BIRTH (month, day, year) Nov. 9, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Koester Bakery

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Baltz

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City nospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Par Kwood Date Aug 4th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Aug 4 1937 Huntington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1937, to August 1, 1937

I last saw h[illegible] alive on August 1, 1937. Death is said to have occurred on the date stated above, at 2:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	7-25-37
Other contributory causes of importance: Cardiac Insufficiency	7-27-37

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—1. P. S.—500 Blks.

F 37905

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37905

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 36 S Eden ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Blatz

(a) RESIDENCE NO. 36 S Eden ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: I

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word)

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 2/37.

7 AGE — Years | Months | Days | If LESS than 1 day, hrs or min. 2

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Louis Blatz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Ella Blatz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Louis Blatz

(Address) 36 S Eden

15 Filed 8-3-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2 1937

17 I HEREBY CERTIFY, That I attended deceased from Aug 2, 1937, to Aug 2, 1937, that I last saw h alive on Aug 2, 1937 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. Feldman, M. D.

, 19 (Address) 1448 E Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Herbert Friendship Cem

DATE OF BURIAL: 8/3 19

20 UNDERTAKER: Jack Lewis Inc

ADDRESS: 1439 E Balto

Important. See instructions on back of certificates.

37906

HEALTH DEPARTMENT—CITY OF BALTIMORE

37906

CERTIFICATE OF DEATH

953

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth 60 yrs. mos. ds.

2. FULL NAME Miriam Katz

If U. S. Veteran specify WAR

(a) Residence: No. 2441 Callow Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	WIDOWED

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Louis KATZ

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W. 0 ff

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Katzman

14. BIRTHPLACE (city or town) (State or country) R

MOTHER

15. MAIDEN NAME Katzman

16. BIRTHPLACE (city or town) (State or country) R.

17. INFORMANT Rev Weisgall
(Address)

18. BURIAL, CREMATION, OR REMOVAL Rosedale Date 8/4/37, 19

19. UNDERTAKER Pack Levy Funeral Co.
(Address) 1439 E. Baltimore St.

FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1937, to August 3, 1937

I last saw her alive on Aug. 3, 1937 Death is said to have occurred on the date stated above, at 4:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	?
Other contributory causes of importance: Pleural effusion	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Jerome Hartz, M. D.

(Address) Sinai Hospital

AUG 4 - 1937

F 37907 ✓ F 37907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 S. Bayliss St. 26-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 5 mos. 30 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Shirley May Herold

If U.S. Veteran specify WAR .....

(a) Residence: No. 1013 S. Bayliss St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) Feb. 2, 1927

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	5 6	30 1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..t School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Herold

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Marie Gaecklein

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Marie Herold,
(Address) 1013 S. Bayliss St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Oakhurst Cemt. Date Aug 6 19 37

19. UNDERTAKER Geo W Zepfler
(Address) 1737 E. Eager St.

20. FILED ... 19 ... Registrar.

AUG 4 - 1937 H. Luther Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 3 , 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1937, to Aug. 3, 1937.

I last saw h[illegible] alive on Aug. 2, 1937. Death is said to have occurred on the date stated above, at 4.45 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset 2/2/37

Other contributory causes of importance: none

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ?

Manner of injury ?

Nature of injury ?

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) [illegible], M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

F 37908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore, City Hospitals — Registered No. 1372

CITY OF BALTIMORE: (No. Bay View St., 22 Ward) 1943

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 10 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Wesley

(a) Residence: No. 579 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 8-1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not Known

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Jacob Wesley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Stevenson

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Aug. 4, 1937

19. UNDERTAKER John J. Medley
(Address) 715 Light St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence disclosed by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	July 29-1937
Burns about body	July 29 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 14 1937

Where did injury occur? Not Known
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury Burns about body

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Chas. W. Wood Coroner, M. D.

(Address) 1712 N. Broadway

OCCUPATION is very important. See instructions on back of certificate.

Registered Aug 6 1937 Register Huntington Hollins, MD

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37909 CERTIFICATE OF DEATH 23 F 37909

Registered No. W2640

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 534 N. Gilmor St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Norman Oats

If U. S. Veteran specify WAR

(a) Residence: No. 534 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Oats

6. DATE OF BIRTH (month, day, year) Aug 4, 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) May 1937 11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) (State or country) Benson Md

FATHER

13. NAME Charles Oats

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Stewart

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Fannie Oats
(Address) 534 N. Gilmor

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date July 4th 37

19. UNDERTAKER Elroy O Welsh
(Address) 1422 Brantley ave

AUG 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1937, to May 1, 1937

I last saw her alive on May 1, 1937 Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	May 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Watts M. D.

(Address) 515 N. Monroe

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

37910

CERTIFICATE OF DEATH

37910

46E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 1512 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Shapiro

If U. S. Veteran specify WAR

(a) Residence: No. 3522 Park Heights ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of Minnie

6. DATE OF BIRTH (month, day, year) 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME David Shapiro

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esther Yaffa

16. BIRTHPLACE (city or town) (State or country) Russia.

17. INFORMANT Minnie Shapiro

(Address) 3522 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Mt Carmel Cem Date July 4, 1937

19. UNDERTAKER Sol Levinson & Bros

(Address) 1127 E Balto St

20. FILED AUG 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1937 to Aug. 3, 1937

I last saw him alive on Aug 3, 1937 Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma — Liver — Date of onset Mar., 37

Other contributory causes of importance:

Uremia — July 22

Was an operation performed? Yes Date of Aug 3, 1937

For what disease or injury? Abdominal Ascites

Name of operation Paracentesis

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Isaac Gamber, M. D.

(Address) Sinai Hospital

37911 ✓ E 37911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

182a

1. PLACE OF DEATH Bon Secours Hosp. Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Sara Harman (Sarah F. Jones Harman) W. or S. Veteran specify WAR .....

(a) Residence: No. 1600 McKean Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Married.

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of William H. Harman

6. DATE OF BIRTH (month, day, year) June 2nd 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	—	109	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME A. F. Jones

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Anna B Loecher

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT A. F. Jones
(Address) 111 S. Gilmor st.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug 6th 1937

19. UNDERTAKER A. Jones
(Address) 111 S. Gilmor st.

20. FILED AUG 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/2/37

22. I HEREBY CERTIFY, That I attended deceased from 7/30/37 to 8/2/37

I last saw h~~er~~ alive on 8/2/37 Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cerebral hemmorhage	7-30-37
2. Terminal pneumonia	8-1-37

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinic. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Chas B. March M. D.

(Address) Bon Secours Hosp

OCCUPATION is very important. See instructions on back of certificate.

DABNEY

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37912 F 37912

CERTIFICATE OF DEATH

23

Registered No. 4264

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 McCulloh St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marcella Dabney

If U. S. Veteran specify WAR

(a) Residence: No. 914 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
fmle	Col	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Cabrey

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Elizabeth Dabney

(Address) 6331 McDaniel St.

18. BURIAL, CREMATION, OR REMOVAL

Place Ant Arbrens Date Aug 4 37

19. UNDERTAKER A. P. Hensley

(Address) 818 Druid Hill Ave

AUG 4 - 1937 Huntington Williams NO

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1 . 1937

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1937 to Aug 1, 1937

I last saw her alive on Aug 1, 1937 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. H. Watts, M. D.

(Address) 5504 Huntington Ave

OCCUPATION is very important. See instructions on back of certificate.

F 37913

37913 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1-1 186a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) South Baltimore General Hospital St., Ward)

Length of residence in city or town where death occurred 17 yrs. 8 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Milke.

(a) Residence: No. 11 S. Potomac St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) November 9, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales lady.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1067

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Harry L. Milke.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Elvina Smith.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Clara Smith. (grandmother)
(Address) 11 S. Potomac St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oakland Date Aug 5, 37

19. UNDERTAKER John A. Indian
(Address) 3000 E. Balto St

20. FILED ..... 19 ..... Registrar

AUG 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2, 1937 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
While in swimming, struck head against another swimmer.	8/1/37
Accidental Death.	

Other contributory causes of importance:

Was an operation performed? Yes. Date of 8/2/37

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury, 8/1/37 19

Where did injury occur? Middle River shore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place.

Manner of injury In swimming.

Nature of injury Cerebral Hemorrhage.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) David Leonhardt, M. D.
Coroner

8/2/37 17 S. Charles St.
(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37914 — CERTIFICATE OF DEATH — 48 — F 37914

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., H-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... de.

2. FULL NAME Miss Mary E. Ruhl — If U. S. Veteran specify WAR

(a) Residence: No. 521 Register Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-7-1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Henry M. Ruhl

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md

MOTHER

15. MAIDEN NAME Jane Kerk

16. BIRTHPLACE (city or town) (State or country) N.J.

17. INFORMANT Hosp Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Prospect Hill Towson Date Aug 5, 1937

19. UNDERTAKER Wm. J. Trickett & Son
(Address) Walbrook Md.

AUG 4 - 1937 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-3- , 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-21, 1937 to 8-3-, 1937

I last saw h.e alive on 8-3-37, 1937. Death is said to have occurred on the date stated above, at 9 00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Cervix	1929
Carcinomatous Metastasis	1931

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Brengle M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37915

CERTIFICATE OF DEATH 1943

F 37915

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 925 Milner Court St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph H. Rich

(a) Residence: No. 925 Milner Ct, St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 17, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Rich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sarah Bailey

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Florence Hemsley

(Address) 33 Shannon St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem Date 8/5/ 1937

19. UNDERTAKER Frances A Hemsley

(Address) 3544 W Biddle St

21. FILED AUG 4 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hall Carnes, M. D.

(Address) 215 Hanover Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37916

CERTIFICATE OF DEATH

119

F 37916

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 29 E. Buckhead St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James, Benjamin Jones

(a) Residence: No. 29 E. Buckhead St., Home Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 23-1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6 5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Weems Va

FATHER

13. NAME William Alfred Jones.

14. BIRTHPLACE (city or town) (State or country) Weems Va

MOTHER

15. MAIDEN NAME Virginia Ida Staton

16. BIRTHPLACE (city or town) (State or country) Lively Va

17. INFORMANT (Address) Mrs. A. Jones (Mother) 29 E. Buckhead St.

18. BURIAL, CREMATION, OR REMOVAL

Place Weems, Va. Date Aug. 5, 37

19. UNDERTAKER (Address) J. Howard Evans 1706 E. Chases St

20. FILED AUG 4 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1937 to Aug 4, 1937

I last saw h[illegible] alive on Aug 4, 1937 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ileo Colitis	Aug 2/37
Other contributory causes of importance: Exhaustion	1

Was an operation performed? No Date of

For what disease or injury? None

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. T. Campbell M. D.

(Address) 1644 Hanover St

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37917

CERTIFICATE OF DEATH

21-1 108

F 37917

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward.

Length of residence in city or town where death occurred 18 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR World War

2. FULL NAME William Henry Carter. (c)

(a) Residence: No. 1111 Russell St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

6. DATE OF BIRTH (month, day, year): Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	-----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 0040

12. BIRTHPLACE (city or town) (State or country): Norfolk, Va.

FATHER

13. NAME: Do not know.

14. BIRTHPLACE (city or town) (State or country): Do not know.

MOTHER

15. MAIDEN NAME: Do not know.

16. BIRTHPLACE (city or town) (State or country): Do not know.

17. INFORMANT: Police Report. S. D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Nat Cemetery Date Aug 5, 1937

19. UNDERTAKER: Joseph A. Lilly
(Address) 1624 Mount St.

19a. I.D. Registered

AUG 4 - 1937 Huntington Baltimore, Md.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 28, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Inquiry. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (Yes or No) specify

(Signed) Otto M. Leinhardt M. D. Coroner

8/2/37 (Address) 1017 S. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37918

F 37918

CERTIFICATE OF DEATH

117a

1. PLACE OF DEATH Md. General Hosp. 20-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Clarence E Blucher

If U. S. Veteran specify WAR

(a) Residence: No. 1926 Ramsay St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Blucher

6. DATE OF BIRTH (month, day, year) Oct. 14th 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Federal Tin Co.

10. Date deceased last worked at this occupation (month and year) 6-36

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Albert Blucher

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Susan Sears

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Katherine Blucher (Wife)

(Address) 1926 Ramsay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Aug 5 1937

19. UNDERTAKER Charles W. Dill.

(Address) 2109 Frederick Ave.

20. FILED AUG 4 - 1937 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-2 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-20 1937 to 8-2 1937

I last saw h[illegible] alive on 8-2-37 Death is said to have occurred on the date stated above, at 7:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Gastric ulcer	6-20-37

Other contributory causes of importance:

Emphysema + Cardiac failure

Was an operation performed? Yes Date of 6-20-37 - 8-2-37

For what disease or injury? Perforated ulcer + Emphysema

Name of operation Gastrotomy + Thoracotomy

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) J. L. Ewell M. D.

(Address) Md. Gen'l. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37919

CERTIFICATE OF DEATH

28-1 173

F 37919

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General St., Hospi Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Charles Goldstein.

(a) Residence: No. 4424 Reisterstown Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	-----	-----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Taxi Chauffeur.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME David Goldstein.

14. BIRTHPLACE (city or town) (State or country) London Eng.

MOTHER

15. MAIDEN NAME Mary Cohen.

16. BIRTHPLACE (city or town) (State or country) London, Eng.

17. INFORMANT Mary Goldstein. (mother)

(Address) 4424 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Herring Run Date Aug 4 1937

19. UNDERTAKER Sol Levinson Bros

(Address) 1127 E Balto St

Huntington Woods, Md.

8-4-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest thereon and from the evidence obtained by autopsy & inquest (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laceration of the brain.	
Pistol shot wounds of the head.	
Homicide.	8/2/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 8/2/37, 19

Where did injury occur? Found at Chesapeake Ave & 4th St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of Injury Pistol shot wounds.

Nature of injury Laceration of the brain.

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify

(Signed) Otto M. Reinhardt, M. D.

Coroner

8/4/37 (Address) 1017 S. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of cert Scate.

37920

HEALTH DEPARTMENT—CITY OF BALTIMORE

37920

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 N Durham St., Ward)

Registered No. 1930

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? 56 yrs. mos. ds.

2. FULL NAME Kunagunda Herbst (Schebut) If U.S Veteran specify WAR

(a) Residence: No. 15 N Durham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Herbst

6. DATE OF BIRTH (month, day, year) Jan 16 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Herbst Jr.
(Address) 15 N Durham St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date August 6 1937

19. UNDERTAKER Martin H.E. Dippel
(Address) 37 S. Amer St.

20. FILED 8-7-1937 Huntington Williams, Reg.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3. 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-2- , 1937 to 8-3- , 1937

I last saw her alive on 8-3 , 1937 Death is said to have occurred on the date stated above, at 1.P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis Arteriosclerosis.	

Other contributory causes of importance:

Chronic Arthritis.	

Was an operation performed? N Date of

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy? N

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

N If so, specify

(Signed) John J Gould, M. D.

(Address) 14 N East ave.

F 37921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37921

95 B

Registered No. 15-11

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3716 Seymour Ave St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael J. Wagner
If U. S. Veteran specify WAR

(a) Residence: No. 3716 Seymour Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Ryan Wagner

6. DATE OF BIRTH (month, day, year): April 7 1890

7. AGE: Years 47 | Months 3 | Days 30 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lawyer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Law Office
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pa.

FATHER

13. NAME: Adam C. Wagner
14. BIRTHPLACE (city or town) (State or country): Penna.

MOTHER

15. MAIDEN NAME: Mary Grace
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Margaret Ryan Wagner 3716 Seymour Ave

18. BURIAL, CREMATION, OR REMOVAL: Philadelphia Penn 8/6 37

19. UNDERTAKER (Address): Geo. A. Furey Boston & Fayette

20. FILED 1937 Registrar

AUG 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 3 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at about 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

Acute Dilitation Heart. | Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:

(Signed) Chas Kramer M. D.
Coroner
(Address) 1267 Hanover

✓ F 37922

37922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-6 122a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 N. Washington St., 8-6 Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Kristina Knapik

(a) Residence: No. 1732 N. Washington Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Knapik

6. DATE OF BIRTH (month, day, year) May 14 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	2	10	9

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Karol Poliniak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Mary Struck

(Address) 1732 N. Washington Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Aug 7 1937

19. UNDERTAKER John F. Welch

(Address) 401 N. Washington St.

20. FILED ..... Registrar.

A-1331

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3 1937

22. I HEREBY CERTIFY, That I attended deceased from June 22 1937 to August 3 1937

I last saw her alive on August 1 1937 Death is said to have occurred on the date stated above, at 1:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	4 yrs ago.
Arterial Hypertension	
Right Inguinal Hernia.	
Other contributory causes of importance: Strangulated Hernia	3 days ago.

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Cerwinski M. D.

(Address) 1025 [illegible]

OCCUPATION is very important. See instructions on back of certificate. Exact statement of—

37923

HEALTH DEPARTMENT—CITY OF BALTIMORE

37923

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 Beaumont Ave. St., 27-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Virginia Blakesley Seery

If U. S. Veteran specify WAR .....

(a) Residence: No. 510 Beaumont Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Spencer W. Seery

6. DATE OF BIRTH (month, day, year) 4/15/81

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cleveland, Ohio.

FATHER

13. NAME Elmon J. Blakesley

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Nellie L. Hand

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMANT Spencer W. Seery

(Address) 510 Beaumont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemy. 8/5/37

19. UNDERTAKER John O. Mitchell Funeral Inc.

(Address) 1900 Eutaw Place

20. FILED 19 Registrar

G 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/2/37, 19

22. I HEREBY CERTIFY, That I attended deceased from June, 19 37 to Aug 2, 19 37

I last saw her alive on Aug 2 19 37 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 yrs

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. W. Wheaton, M. D.

(Address) 4309 York Road

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

331843 F 37924 — 82a F 37924

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. ... St., 1-5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Sawyer Sims — If U. S. Veteran specify WAR

(a) Residence: No. 114 Alexander St. St., ... Ward. Charleston S. C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rilly.

6. DATE OF BIRTH (month, day, year) 12/5/88

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 29

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lineman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME William Thomas

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Anna Sawyer

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Records. JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Moncks, S. C. Date Aug 4, 37

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED ... 19... Huntington Williams, M.D.

C.A. - 1937

OR J14 6.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 4. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 14 1937 to Aug 3 1937

I last saw him alive on Aug 3 1937. Death is said to have occurred on the date stated above, at 6.50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance: Hypertension	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Evidence Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter L. Thompsonmeader M. D.

(Address) 1014 St Paul St.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37925

CERTIFICATE OF DEATH

136 B F 37925

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Brown

If U. S. Veteran specify WAR

(a) Residence: No. 3401 Barclay St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary,

6. DATE OF BIRTH (month, day, year) Jan 16-1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

FATHER

13. NAME Basil Brown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Gloria Biffin

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Mary E. Brown 3401 Barclay St

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Date Aug 3rd 1937

19. UNDERTAKER (Address) Mrs. R. C. Elliott - daughter, 1129 N. Carolina St.

FILED AUG 4 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1937 to August 2, 1937

I last saw him alive on August 2, 1937 Death is said to have occurred on the date stated above, at 5:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	7-26-37
Peri-urethral abscess with urinary extravasation	-?
Necrosis + Gangrene of scrotum	7-30-37

Other contributory causes of importance: Cancer

Was an operation performed? Yes Date of 8-1-37

For what disease or injury? Gangrene of scrotum

Name of operation Incision + drainage

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Isaac R. Stephenson M. D.

(Address) St. Jos Hosp.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37926

CERTIFICATE OF DEATH

94a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3815 Copley Rd. St., 15-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 0 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Joseph B. Fitzpatrick

If U. S. Veteran specify WAR .....

(a) Residence: No. 3815 Copley Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma M. Fitzpatrick

6. DATE OF BIRTH (month, day, year) July 4 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0059

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas Fitzpatrick

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary F. Ball

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Emma M. Fitzpatrick

(Address) 3815 Copley Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Aug. 6 1937

19. UNDERTAKER J. Fenwick McCully

(Address) 130 E. Fort Ave.

20. FILED 4-... 1937 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3 1937

22. I HEREBY CERTIFY, That I attended deceased from July 20 1937 to Aug 3 1937

I last saw him alive on Aug 3 1937 Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	7/20/37
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John D. Bubert M. D.

(Address) 4863 Park Heights Ave

OCCUPATION is very important. See instructions on back of certificate.

37927

HEALTH DEPARTMENT—CITY OF BALTIMORE

37927

CERTIFICATE OF DEATH

144a-122B
25187 (MB)

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 26-11 Ward)

Length of residence in city or town where death occurred ...yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Mollie Michael (Michalski) wife

If U. S. Veteran specify WAR

(a) Residence: No. 3231 O'Donnell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Michael

6. DATE OF BIRTH (month, day, year) 5/29/1904

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	33	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Michael Ciminski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Leona Koprowska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Baltimore City Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date Aug 6 1937

19. UNDERTAKER Wm. S. Fialkowski
(Address) 200 Eastern Ave

20. FILED Aug 6 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-3-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-21-1937 to 8-3-1937

I last saw her alive on 8-3-1937 Death is said to have occurred on the date stated above, at 7:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis, General, post-operative	13 days
Paralytic Ileus, post-operative	13 days
Bronchopneumonia, post-operative	12 days?

Other contributory causes of importance:

Placenta Praevia (Full Term)	

Was an operation performed? Yes Date of see other side

For what disease or injury? see other side

Name of operation see other side

What test confirmed diagnosis? Gross Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?.....Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.....

(Signed) A. L. Brantigan M. D.

(Address) Baltimore City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 37928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Hussey

If U. S. Veteran specify WAR

(a) Residence: No. Mitchell - Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/17/37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md -

FATHER

13. NAME Edward Hussey

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Selena Gross

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Records - Johns Hopkins Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Johns Hopkins Medical School Date AUG 4 - 1937

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED AUG 4 - 1937 Registrar.

3896 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1937, to Aug 2, 1937

I last saw him alive on Aug 2, 1937. Death is said to have occurred on the date stated above, at 7.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary Dysentery (Flexner)	July 4

Other contributory causes of importance: Poor nutrition

Was an operation performed? No Date of

For what disease or Injury?

Name of operation

What test confirmed diagnosis Stool culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Shwachman M. D.

(Address) Johns Hopkins Hospital

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

B 365
B 37929

V F 37929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Brostek

If U. S. Veteran specify WAR .....

(a) Residence: No. 312 S Chester St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/18/37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Wanda ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date AUG 4 - 1937 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. [illegible] Registrar.

AUG 4 - 1937

17

3890

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1937 to Aug 2, 1937

I last saw h[illegible] alive on Aug 2, 1937 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery acute bacillary	

Other contributory causes of importance:

dehydration	
transfusion reaction	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Robert Ward M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37930 Registered No. 97

1. PLACE OF DEATH Aged Women's Home

CITY OF BALTIMORE: (No. 1404 W Lexington St., 19-V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna B Ford

(a) Residence: No. 1404 W Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 20 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Ford

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Elizabeth Deems

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Elizabeth Cox Supt.
(Address) 1404 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Aug 5 1937

19. UNDERTAKER Furnon Kestner
(Address) 2301 E Monument Ave

20. FILED AUG 4 - 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 21, 1936 to August 4, 1937 19...
I last saw her alive on August 3, 1937 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Arterio-sclerosis, generalized.	
Senility	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm B Jarrett M. D.

(Address) 1115 St. Paul St., City.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

s 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37931

CERTIFICATE OF DEATH

131

Registered No. F 37931

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6000 Bellona Ave. St. 12 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Sonneborn Mandelbaum

(a) Residence: No. Belvedere Hotel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Seymour Mandelbaum

6. DATE OF BIRTH (month, day, year) Mch. 31, 1863

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	74	4	4 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Sonneborn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bertha Hirsh

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mr. Louis Hutzler, Howard & Lexington Sts.

18. BURIAL, CREMATION OR REMOVAL
Place Oheb Shalom Cem. Date Aug. 5, 1937

19. UNDERTAKER Wm. J. Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED AUG. 4 - 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 4th. 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1932 to Aug 4, 1937

I last saw her alive on Aug 3, 1937. Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	5 yrs
Chronic Nephritis	"
Hypertension	"

Other contributory causes of importance:
Terminal Pneumonia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Julius Friedenwald M. D.

(Address) 1013 N. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37932

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37932

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 W. Pratt St., 20-3 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Anna Theresa Bassler

(a) Residence: No. 2001 W. Pratt St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry W. Bassler

6. DATE OF BIRTH (month, day, year) Sept 24 - 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	10	9 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Herman Knobloch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Brauer

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Lois Stroh
(Address) 2001 W. Pratt St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 8/6/37

19. UNDERTAKER H. Weber & Son
(Address) 2503 Eutaw Place

..... 19..... Registrar.

4-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8 | 2 | 37. 19..

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937 to Aug. 2, 1937

I last saw him alive on Aug. 2, 1937. Death is said to have occurred on the date stated above, at 10 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Breast	June 37

Other contributory causes of importance:

Carcinoma of left breast.	June 37

Was an operation performed? Yes Date of June 37

For what disease or injury? Carcinoma of left breast

Name of operation Amputation of left breast

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank M. Ogden, M. D.

(Address) 2701 N. Calvert St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37933

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37933

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 W Mulberry St., 14 Ward)

Length of residence in city or town where death occurred 7 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S Veteran specify WAR

2. FULL NAME Beatrice Butler

(a) Residence: No. 1506 W Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Hyson Butler

6. DATE OF BIRTH (month, day, year): Mar - 21 - 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
29	30	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private family

10. Date deceased last worked at this occupation (month and year): June - 1937

11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (city or town) (State or country): Chestertown Maryland

FATHER

13. NAME: Henry Cotton

14. BIRTHPLACE (city or town) (State or country): Chestertown Maryland

MOTHER

15. MAIDEN NAME: Nettie Butler

16. BIRTHPLACE (city or town) (State or country): Chestertown

17. INFORMANT: Myrtle Nicholas
(Address): 2216 W Mulberry

18. BURIAL, CREMATION, OR REMOVAL
Place: Forest Hill Cem. Md. Date: 8-5- 1937

19. UNDERTAKER: Mrs Katie R. Williams
(Address): 327 N. Belnord Ave

20. FILED: Registrar.

AUG 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/1 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/10 1937 to 8/1 1937.

I last saw h[illegible] alive on 7/30 1937. Death is said to have occurred on the date stated above, at 11:[illegible] a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Pulmonary Tuberculosis	6/1/37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? P.M. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David Drummer M. D.

(Address) 1[illegible] Lee St.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37934 F 37934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Velma Nichols

If U. S. Veteran specify WAR

(a) Residence: No. Belair, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 3, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
4	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belair, Md.

FATHER

13. NAME Charles L. Nichols

14. BIRTHPLACE (city or town) (State or country) Sparta N. C.

MOTHER

15. MAIDEN NAME Alma Owens

16. BIRTHPLACE (city or town) (State or country) Sulphur Oklahoma

17. INFORMANT Charles L. Nichols

(Address) Belair, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Aug 6 1937

19. UNDERTAKER Dean & Fortin

(Address) Belair Md

20. FILED AUG 5 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 4, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Aug. 3, 1937. to Aug. 4, 1937.

I last saw h. alive on Aug. 4, 1937. Death is said to have occurred on the date stated above, at 12 noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7/29/37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney Selmar M. D.

(Address) Union Memorial Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37935 E 37935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 23077 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 16-1953 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 57 yr. ..... mos. ..... ds.

2. FULL NAME John J. Ewald

If U. S. Veteran specify War No Record

(a) Residence: No. 1227 Greenmount Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Selina Ewald

6. DATE OF BIRTH (month, day, year) 9-14-1866 ?

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
?	70	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6062

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Ewald

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT ..... (Address) B. C. H. Records

18. BURIAL, CREMATION, OR REMOVAL
Place St. Matthews Date Aug 5th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED AUG 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1937, to August 2, 1937

I last saw him alive on August 2, 1937. Death is said to have occurred on the date stated above, at 9:50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	April 1937
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. A. De Lamater M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

✓ F 37936

37936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23-3 X 82a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward).

Length of residence in city or town where death occurred 28 yrs. 10 mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John H. Stoll.

(a) Residence: No. Sixth St extended Brookly St., A. A. Co. Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of [illegible] WIFE of Margaret Stoll.

6. DATE OF BIRTH (month, day, year) September 30, 1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
28	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME Benjamin Stoll.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Charlotte Utz.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Margaret Stoll. (wife)

(Address) 6th St. extended Brooklyn

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Aug 5, 1937

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Hemiplegia?	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M. Pennard M. D.
Coroner

8/3/37 (Address) 1017 S. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G [illegible] 1937 [illegible]

V.S.6

HEALTH DEPARTMENT—CITY OF BALTIMORE

37937 37937

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MARYLAND. Registered No.....

CITY OF BALTIMORE: (No.....St., 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wesley Turner Jr. If U. S. Veteran specify WAR World War

(a) Residence: No. 1729 Orleans St., Balto. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	negro	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, year) July 9, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	--	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, Acid helper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balls Co. 2040

10. Date deceased last worked at this occupation (month and year) May 1937

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co., Md.

FATHER

13. NAME Wesley Turner

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

MOTHER

15. MAIDEN NAME Sarah ??

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

17. INFORMANT (Address) Records- U.S. Marine Hospital, Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place A. A. Co. Md. Furnace Branch Aug 5 37

19. UNDERTAKER (Address) James address 142 Ostend St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1937 to August 1, 1937

I last saw him alive on August 1, 1937 Death is said to have occurred on the date stated above, at 7:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, far advanced	Feb. 1937

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Laboratory and X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) T. M.D. Anderson, M. D.

(Address) U. S. Marine Hospital, Balto. Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

AUG 5 - 1937

37938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37938

25-5-948

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., Ward).

Length of residence in city or town where death occurred 18 yrs. — mos. — ds. How long in U. S. If of foreign birth? 18 yrs. — mos. — ds.

If U. S. Veteran specify WAR

2. FULL NAME Casimer Korzybski.

(a) Residence: No. 1621 Ceddox St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mrs Bronislowa Korzybski.

6. DATE OF BIRTH (month, day, year) May 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	3	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman. 0062

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Alekander Korzybski.

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Christopher Korzybski. (son)
(Address) 1621 Ceddox St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross A.A.Co Date Aug 6 1937

19. UNDERTAKER Fred W Ozarowski
(Address) 1930 Eastern Ave.

20. FILED 19

Arlington Williams, M.D.

AUG 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto H Reinhardt, M. D. Coroner

8/4/37 (Address) 1017 N. Charles St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37939

F 37939

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital, 1-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Herbert E. Dexter

(a) Residence: No. 3020 Hudson St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Samuel J. Dexter

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Elsie L. Dinsmore

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mr. Samuel J. Dexter

(Address) 3020 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Park Wood Cemetery Date Aug 8-5, 1937

19. UNDERTAKER Fred Lassahn Son.

(Address) 7401 Belair Rd

Huntington Northwest, Md

FILED AUG 5 - 1937

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Anterior Poleomyelitis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical + Exam. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schenker, M. D. Coroner

(Address) 1717 E. North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37940

CERTIFICATE OF DEATH

46F F 37940

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2407 Talbott Road St., 15-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irene R. Dean

If U. S. Veteran specify WAR

(a) Residence: No. 2407 Talbott Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. G. Dean

6. DATE OF BIRTH (month, day, year) 12/20/65

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Catonsville, Md.

FATHER

13. NAME Charles W. Hynes

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah E. Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Irene M. Dean
(Address) 2407 Talbott Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemy. Date 8/5/37 19

19. UNDERTAKER John O. Mitchell & Sons Inc.
(Address) 1900 Eutaw Place

AUG 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/2/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from APRIL 21st . 1937 to Aug 2 . 1937

I last saw her alive on August 2 . 1937 Death is said to have occurred on the date stated above, at 10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas	?
Metastasis in liver and gall-bladder.	
(inoperable)	
Other contributory causes of importance:	
Myocarditis about June 1,	1937

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, how?

(Signed) Hattie Dublet M. D.

(Address) 2220 Garrison Blvd.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37941

HEALTH DEPARTMENT—CITY OF BALTIMORE

37941

CERTIFICATE OF DEATH

12-1 93c

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2314 N. Calvert St., 12 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gustave Kahn

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2314 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Male	White	Widower

5a. If ~~married, widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Annie Cusor Kahn

6. DATE OF BIRTH (month, day, year) Dec 18 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	7	15 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture 966

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Great Scott

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Alsace France

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Jennie E. Harman

(Address) 2314 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Aug 5 1937

19. UNDERTAKER Gorsuch

(Address) 12 W St Paul St

20. FILED AUG 5 - 1937 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3rd 1937

22. I HEREBY CERTIFY, That I attended deceased from 1925 to August 3rd 1937

I last saw h... alive on August 2 1937 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	1920
Other contributory causes of importance: Myocarditis, arteriosclerosis cerebral softening	1925

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Examination

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If ... specify

(Signed) George M. Settle M. D.

(Address) 2435 Mary Land Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37942

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37942

CERTIFICATE OF ~~DEATH~~

1. PLACE OF DEATH Md Gen. Hospital, Registered No.

CITY OF BALTIMORE: (No. St., 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Evans If U. S. Veteran specify WAR

(a) Residence: No. Mill Creek Rd. St., Woodlawn, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John E. Evans

6. DATE OF BIRTH (month, day, year) Jan 5th 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William J. Gallagher

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary E. Mullen

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John E. Evans

(Address) Mill Creek Rd Woodlawn

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 8-7-37

19. UNDERTAKER Thomas Kane & Co

(Address) 1219 Linden Ave

20. FILED AUG 5 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 4 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 7 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Hypertension

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. Corner, M. D. Coroner

(Address) 125 Hanover

V S 6

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

332088

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37943

CERTIFICATE OF DEATH

13B F 37943

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Donald Metzger

If U. S. Veteran specify WAR

(a) Residence: No. 1303 N. Washington St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/7/36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas Metzger M.D.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Catherine Redolf M.D.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records—

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Maryland Park Date Aug 6. 1937

19. UNDERTAKER John Ulrich & Sons

(Address) 2008 Eutaw St. Huntington Williams, Inc.

20. FILED AUG 5 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1937 to Aug 3, 1937

I last saw him alive on Aug 3, 1937. Death is said to have occurred on the date stated above, at 1 ... m.

The principal cause of death and related causes of importance were as follows:

Dysentery acute bacillary

Date of onset

Other contributory causes of importance:

dehydration & acidosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert Ward, M. D.

(Address) Johns Hopkins Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37944

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37944

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Annunciation Union Memorial Hospital
CITY OF BALTIMORE: (No.) 3 St., Medow Brook Mills Ward)
Registered No. 958
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sallie Rankard. If U. S. Veteran specify WAR

(a) Residence: No. 3624 Clipper Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard Rankard

6. DATE OF BIRTH (month, day, year) March 2. 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 2046

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Worker in Cotton Mill

10. Date deceased last worked at this occupation (month and year) Aug 3. 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Md,

FATHER

13. NAME Nelson Fredrick

14. BIRTHPLACE (city or town) (State or country) Md,

MOTHER

15. MAIDEN NAME Mary Garrett

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Howard Rankard
(Address) 3624 Clipper Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Aug 6. 1937

19. UNDERTAKER 7 Vernon Kushner
(Address) 2301 Edmondson Ave

Registrar.

AUG 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3. 1937

22. I HEREBY CERTIFY, That I took care of deceased from (or remains described) above, held an Autopsy thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilation of Heard	8/3/37

Other contributory causes of importance: Pulmonary Oedema

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? yes Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A Crane, M. D.
Coroner

(Address) Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37945

CERTIFICATE OF DEATH

131 F 37945

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 N. Milton Ave. St., 7-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? 51 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bertha M. Olsen

(a) Residence: No. 805 N. Milton Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hans Jacob Olsen

6. DATE OF BIRTH (month, day, year) Dec. 30, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Karl Olsen

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Harry O. Olsen
(Address) 805 N. Milton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place 1st Evangelical Date Aug. 7 1937

19. UNDERTAKER Henry Sander & Son, Inc. Geo. F. Sander
Baltimore St. & Broadway

20. FILED AUG 5 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 18, 1933 to August 4, 1937

I last saw her alive on August 2, 1937. Death is said to have occurred on the date stated above, at 3.05a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1933
Cerebral Hemorrhage	1933
Other contributory causes of importance:	
Myocarditis	1935

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John Earnby. M. D.

(Address) 3522 Greenmount Avenue

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 37946

37946 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Home for Incurables
CITY OF BALTIMORE: (No. West 40th & Roswick Rd St., 24 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Beck Roberts

(a) Residence: No. Home for Incurables St., ... Ward. Charlestown, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	~~Widow~~ ~~Divorced~~

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Roberts widowed

6. DATE OF BIRTH (month, day, year) Apr. 12, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chestertown Md.

FATHER

13. NAME Samuel Beck

14. BIRTHPLACE (city or town) (State or country) Chestertown Md.

MOTHER

15. MAIDEN NAME Ellen Constable

16. BIRTHPLACE (city or town) (State or country) Chestertown Md.

17. INFORMANT Hosp. Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Chestertown, Md. Date Aug 5, 1937

19. UNDERTAKER Wm. J. Tilghman Sons
(Address) Port Penn Del.

20. FILED Aug 6 1937 Huntingtown Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1936, to August 5, 1937
I last saw h.r alive on Aug 4, 1937 Death is said to have occurred on the date stated above, at 6:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Arthritis~~	?
Atherosclerosis, generalized	?
Gangrene of feet	6-20-37

Other contributory causes of importance:

Arthritis, chronic hypertrophic	?
Hypertension	?

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Conrad Acton and M. D.

(Address) Home for Incurables

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 2 3

✓ F 37947

37947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-3 46E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 N. Montford Ave., 8th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Walker

If U.S Veteran specify WAR ....

(a) Residence: No. 1119 N. Montford Ave St., 8th Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Anthony J. Walker

6. DATE OF BIRTH (month, day, year) Feb 20, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Edward Fuller

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Rogers

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Tim Walker, Son

(Address) 1119 N Montford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Aug 6th, 1937

19. UNDERTAKER Geo M. Frank & Son

(Address) 811 N Wolfe St

20. FILED AUG 5 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1937 to August 4, 1937

I last saw her alive on July 27, 1937 Death is said to have occurred on the date stated above, at 10.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Gallbladder	Jan 1937 (?)
Other contributory causes of importance:	

Was an operation performed? Yes Date of Apr 21, 1937

For what disease or injury? Gall bladder lesion

Exploratory Operation

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J Karl Grossman M. D.

(Address) 1212 N. Eutaw Place

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37948

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 Eutaw Pl. St., 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town, where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hiram Whitney Harlow

If U. S. Veteran specify WAR

(a) Residence: No. 2201 Eutaw Pl. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mayor Wm. J. Hartig

6. DATE OF BIRTH (month, day, year) Dec. 23, 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68 69	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) New Hampshire

FATHER

13. NAME Wm. Whitney

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ( )

17. INFORMANT Mayor Wm. J. Hartig

(Address) 2201 Eutaw Pl.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Aug 6 1937

19. UNDERTAKER Geo. M. Little

(Address) 2700 Edmondson Ave.

20. FILED 19 Aug 6 1937 Huntington Wilkinson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1929 to June 7, 1937

I last saw her alive on June 7, 1937. Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

Essential hypertension — Date of onset 8 yrs.

Myocardosis

Other contributory causes of importance:

Chr. tonsillitis

Chr. arthritis

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: No.

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Wm Nachlas M. D.

(Address) 1814 Eutaw Place

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 8 - 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37949

CERTIFICATE OF DEATH

97

F 37949

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1409 E. Clement St. St., 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eva Kichle.

If U. S. Veteran specify WAR

(a) Residence: No. 1409 E. Clement St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

3a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Nicholas Kichle.

6. DATE OF BIRTH (month, day, year) September 26,1858 ~~Do not know.~~

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Marie Baumgarten.

(Address) 1409 E. Clement St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Date Aug 6 1937

19. UNDERTAKER Chas L. Stevens & Son

(Address) 1591 Fort Ave.

AUG 5 1937 Huntington Williams, Agt.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3,1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Reinhardt, M. D. Coroner

8/4/37 (Address) 101 S. Charles St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37950

CERTIFICATE OF DEATH

80630 F 37950

1-1 958

Registered No. 1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., — Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 60 rs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lillian Dotterweick

(a) Residence: No. 2816 Elliott St. St., — Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Conrad

6. DATE OF BIRTH (month, day, year) 4-25-1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	15 3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Julius Gerheart

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Ganslein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem. Date Aug. 5th 1937

19. UNDERTAKER Lilly-Gittings Inc.
(Address) 20 E. Mt. Vernon Pl.

20. FILED — 19— Registrar

AUG 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 27, 1937 to August 3, 1937

I last saw her alive on August 03, 1937. Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1936
Other contributory causes of importance:	

Was an operation performed? No — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) A. A. de Santalla M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37951

37951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34D-54B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp 24-N St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Walker

If U. S. Veteran specify WAR

(a) Residence: No. 1513 Lawrence St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Black	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Cornelius Walker

6. DATE OF BIRTH (month, day, year) Sept 27, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47 48	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Co. Md.

FATHER

13. NAME Henry ?

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Cornelius Walker

(Address) 1513 Lawrence St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 8/6 37 19

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St

20. FILED 19 MARYLAND

Registrar.

AUG 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 24 1937 to August 3 1937

I last saw her alive on August 3. 1937 Death is said to have occurred on the date stated above, at 10½ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic Cardio Vascular disease	

Other contributory causes of importance:

Acute bronchitis - Cardiac Insufficiency - Cardiac Decompensation - Status Lymphaticus - Uterine Fibroids

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Nicholson M. D.

(Address) University Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37952 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37952

CERTIFICATE OF DEATH 23493--EF

1. PLACE OF DEATH

Registered No. 458

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stephen Cook

If U. S. Veteran specify WAR

(a) Residence: No. 209 Pine St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 3-12-1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Tom Cook

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary Jane Boston

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 8/7 37

19. UNDERTAKER Thomas E. Kelly (Address) 1513 Pennsylvania Ave

20. FILED 8-7-1937 A. Eugene Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-4, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-10, 1937 to 8-4, 1937

I last saw him alive on 8-3, 1937. Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of tongue	Nov 1936
Other contributory causes of importance:	

Was an operation performed? Yes Date of 8-14-37

For what disease or injury? Carcinoma of tongue

Name of operation Gastrostomy - Sphincter

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L.K. Woodward Jr. M. D.

(Address) Balto City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 5-1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37953 23 F 37953

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 638 Perkins ave St., 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna M. Cook

(a) Residence: No. 638 Perkins ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clement A. Cook.

6. DATE OF BIRTH (month, day, year) May 22 - 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife & Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Jan 28. 37

11. Total time (years) spent in this occupation 13 yrs

12. BIRTHPLACE (city or town) (State or country) Catonsville Md.

FATHER

13. NAME John Butts.

14. BIRTHPLACE (city or town) (State or country) Catonsville Md

MOTHER

15. MAIDEN NAME Ida Sutton

16. BIRTHPLACE (city or town) (State or country) Catonsville Md

17. INFORMANT Clement A. Cook

(Address) 638 Perkins ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Aug 7, 1937

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N. Schroeder St Huntingtown Williamson, W. Va.

Registrar

AUG 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1937 to August 4, 1937

I last saw h or alive on Aug 1 1937 Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Phthisis Pulmonorum	Dec 1936

Other contributory causes of importance:

None

Was an operation performed? no Date of

For what disease or injury?

Name of operation no Date of

What test confirmed diagnosis? Sputum + Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm N. Wright M. D.

(Address) Aug. 4 - 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37954

CERTIFICATE OF DEATH

119 F 37954

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 18-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice Russell Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 1063 W. Fayette St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 1937

7. AGE Years	Months 4	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Robert Owens

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Hazel Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mother

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lion Date Aug 5, 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 E School St.

AUG 5 - 1937 Lexington Funeral Home Inc

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-2-37, 19..., to 8-4-37, 19...

I last saw h[illegible] alive on 8-4-37, 19... Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nutritional Anemia	7-31-37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Ed Cumbrooke Jr. M. D.

(Address) Lemmelson Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ E 37955

37955 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 1872

CITY OF BALTIMORE: (No.) Bay View St., (~~Ward~~) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Tuliver — U. S. Veteran specify WAR

(a) Residence: No. 1207 Park Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Catherine (Separated)

6. DATE OF BIRTH (month, day, year) Jan. 10-1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hotel

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Benjamin Tulivers

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Dolly Moore

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Patient's Mother Dolly Madison

(Address) 1207 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenlawn Date 8/7 1937

19. UNDERTAKER Wm. A. Hopkins

(Address) 416 Pennsa

[illegible] Huntington Williams, M.D.

AUG 5 - 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Spontaneous Pneumothorax

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W Wood, M. D. Coroner

(Address) 1712 N. Bond St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 37956

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37956

CERTIFICATE OF DEATH

21-5-108

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. U.S. Marine Hospital - Baltimore, Md. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank R Small

If U. S. Veteran specify WAR WW

(a) Residence: No. 3202 Orlando Ave., Balto., Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Jackson SMALL

6. DATE OF BIRTH (month, day, year) March 18, 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A. C040

10. Date deceased last worked at this occupation (month and year) July 30, 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frank Small

14. BIRTHPLACE (city or town) (State or country) Chicago Illinois

MOTHER

15. MAIDEN NAME Murrell Nealy

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Lakewood Date 8/7 1937

19. UNDERTAKER Robert Brookerson
(Address) Calhoun & Hollins Sts.

20. FILED 19 Registrar.

AUG 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4 1937

22. I HEREBY CERTIFY, That I attended deceased from August 2 1937 to August 4 1937

I last saw him alive on August 4 1937. Death is said to have occurred on the date stated above, at 8:30a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar.	6 das.

Other contributory causes of importance:

None.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical & X-ray findings. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. L. Murrell M. D.

(Address) U.S. Marine Hospital - Balto., Md.

Information Should be Carefully Supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37957

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37957

CERTIFICATE OF DEATH

46E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., V-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs. 1 mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Mrs. Jack Goodbar Bailey (Known as Robert Forest)

If U. S. Veteran specify WAR W. W.

(a) Residence: No. Charleston West Virginia St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sylvia Hurst Bailey

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sign painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0050

10. Date deceased last worked at this occupation (month and year) 5/30/37

11. Total time (years) spent in this occupation 23 yrs.

12. BIRTHPLACE (city or town) (State or country) Nashville Tenn.

FATHER

13. NAME Daniel H. Bailey

14. BIRTHPLACE (city or town) (State or country) Nashville Tenn.

MOTHER

15. MAIDEN NAME Johnie Belle Sattan

16. BIRTHPLACE (city or town) (State or country) Murphysborough Tenn.

17. INFORMANT Daniel H. Bailey 3rd.

(Address) Chicago Ill.

18. BURIAL, CREMATION, OR REMOVAL Nashville Tenn Date 8/5 1937

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollis Sts

20. FILED AUG 5 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/4 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/8 1937 to 8/4 1937

I last saw him alive on 8/4 1937 Death is said to have occurred on the date stated above, at 11 05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	?
Other contributory causes of importance:	

Was an operation performed? yes Date of 7/29/36

For what disease or injury? Cholelithiasis

Name of operation Cholecystostomy

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of Injury....., 19....

Where did injury occur?.....(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of Injury.....

Nature of Injury.....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) Francis E. Dickey M. D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37958

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37958

CERTIFICATE OF DEATH

78-4 943

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 510 Chapelgate Rd. St.) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 7 mos. 24 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Thomas Wheeler Jenkins.

If U. S. Veteran specify WAR

(a) Residence: No. 510 Chapelgate Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of [illegible] Lina Walker

6. DATE OF BIRTH (month, day, year) December 10, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Funeral Director.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Warner Jenkins.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Teresa Rachael Wheeler.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT David W. Jenkins. (brother)

(Address) Orchard & McCulloh Sts.

18. BURIAL, CREMATION, OR REMOVAL

Place Cem. Cathedral Date Aug 6, 1937

19. UNDERTAKER Henry W. Jenkins Sons

(Address) Orchard & McCulloh Sts.

20. FILED 19 [illegible] Registrar

AUG 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) [illegible] M. D.

Coroner

8/3/37 (Address) 1017 St. Charles St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 37959

F 37959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

936

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4909 Ross Road St., 27-3 Ward)

Length of residence in city or town where death occurred 76 yrs. 9 mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Georgianna C Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 4909 Ross Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Johnson

6. DATE OF BIRTH (month, day, year) Oct 31 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John C. Shilling

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Catherine Hughes

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Lillie M. Wrightson
(Address) 4909 Ross Road

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cemetery Date aug 6 1937

19. UNDERTAKER Chas. H. Black
(Address) 742 W North ave

20. FILED ..... 19.....

AUG 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/3/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 7/1/37. 19..... to 8/3/37. 19.....
I last saw h... alive on 8/3/37. 19... Death is said to have occurred on the date stated above, at 1.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis.	
Chronic Myocarditis (Aspect)	

Other contributory causes of importance:
Hypostatic Pneumonia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Kerr Eby M. D.

(Address) 5703 Reisterstown Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 37960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 210-M

Registered No. F 37960

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Hosp. St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Joseph Tooma

(a) Residence: No. 1828 Linden Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Getner

6. DATE OF BIRTH (month, day, year) Nov. 25-1912

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
24	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Nagib Tooma

14. BIRTHPLACE (city or town) (State or country) Syria

MOTHER

15. MAIDEN NAME Catherine Scott

16. BIRTHPLACE (city or town) (State or country) Syria

17. INFORMANT Henry Tooma

(Address) 602 N Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug. 7/37

19. UNDERTAKER John L. Miller

(Address) 2334 Jefferson St.

20. 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/3 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Leg	
Internal Injuries	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7-27-37

Where did injury occur? 1000 Chesapeake ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Struck by auto while working on road

Nature of injury ...

Did disease of injury in any way relate to occupation of deceased?

Attending physician (Signature) Dr. Julius Bailey Auto

(Address) 902 N Broadway

Coroner

M. D.

A. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 37961

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37961

CERTIFICATE OF DEATH

Registered No. 183

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Druid Hill Park Swimming Pool (Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Wallace

(a) Residence: No. 1527 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/11/27

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Henry Wallace

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Della Lee

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Della Wallace
(Address) 1527 E Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL AUG 5 - 1937
COMMISSIONER OF HEALTH

19. UNDERTAKER H. A. Moore
(Address)

[illegible] 19[illegible] Registrar

AUG 5 - 1937

V S 6

3403

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1937

22. I HEREBY CERTIFY, That I was present at the [illegible] of the [illegible] described above, held an [illegible] (Inquest, Autopsy or Inspection) and from the evidence obtained by [illegible] (Inquest, Autopsy or Inspection) said deceased came to [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning due to Suffocation by food	July 15 37

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 15, 1937

Where did injury occur? Druid Hill Park Swimming Pool
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Suffocation due to

Nature of injury Suffocation by food

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. L. Allen M. D.
Coroner

(Address) 5 S. Gay St

F 37962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

463

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 854 S. Bond St., 3-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Michael Savchciak

(a) Residence: No. 854 S. Bond St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	?

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
abt. 65 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Eastern Police Station

(Address) Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL AUG 5 - 1937

COMMISSIONER OF HEALTH

19. UNDERTAKER H. A. Moore

(Address)

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance:

Cachexia

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul O'Hehir, M. D.

(Address) 1917 E. North Ave. Corner

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 5-1937 3402

F 37963

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37963

CERTIFICATE OF DEATH

8-V-75

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Key Highway & McComas St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. 10 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur Walter Branigan. If U. S. Veteran specify WAR .....

(a) Residence: No. 1706 N. Bradford St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) September 25, 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	10	9 ?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Walter Branigan.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Carrie Turner.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Joseph Richards. (sister)
(Address) 1706 N. Bradford St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Aug 5 1937

19. UNDERTAKER Fred. J. Kaufholz Inc.
(Address) 216 N. Charles St.

... Registrar.

AUG 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH month, day, year August 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Alcoholism.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M. Reinhardt M. D.
8/4/37 Coroner
(Address) 1017 S. Charles St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 37964

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37964

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hosp. St., 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Wilson

If U. S. Veteran specify WAR

(a) Residence: No. 894 Ostaney Rd St., Ward. Elliott City Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	Unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) June 1937

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown. "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Hospital records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place St. Johns Cem E.C. Date Aug 7, 1937

19. UNDERTAKER J. P. Higinbotham Jr

(Address) Ellicott City Md.

20. FILED , 19 Registrar.

G 5-1937

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1937 to August 5, 1937

I last saw her alive on August 4, 1937 Death is said to have occurred on the date stated above, at 9.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast (left)	1934
Gangrene of left arm	7/9/37
Toxemia	7/16/37
Other contributory causes of importance:	
Cystitis	6/37

Was an operation performed? yes Date of July 7, 1937

For what disease or injury? Carcinoma of breast

Name of operation Radical mastectomy

What test confirmed diagnosis? microscopic exam of growth Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter Henry Genzig M.D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37965

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37965

CERTIFICATE OF DEATH

46C

1. PLACE OF DEATH Union Memorial Hospital

Registered No.....

CITY OF BALTIMORE: (No. ..... St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 6 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Howard Dorsey

If U. S. Veteran specify WAR .....

(a) Residence: No. 1432 Johns St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mrs. C. H. Dorsey

6. DATE OF BIRTH (month, day, year) Feb. 2, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James L. Dorsey

14. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

MOTHER

15. MAIDEN NAME Sarah A. Richardson

16. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

17. INFORMANT Mrs. Chas. H. Dorsey Jr. (Address) 159 W. Lanvale St. City

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Cem. Date 8/6 1937

19. UNDERTAKER Henry A. Meares & Son (Address) 805 N. Calvert St.

20. FILED ..... 19..... Registrar.

AUG 5 - 1937 Washington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/4 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-1- 1937 to 8-4- 1937

I last saw h~~im~~ alive on 8-4- 1937. Death is said to have occurred on the date stated above, at 7.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid & Low Intestinal Obstruction	? 1
Other contributory causes of importance: Toxemia + Anemia	10 days

Was an operation performed? Yes. Date of 7-30-37

For what disease or injury? Ca of Sigmoid

Name of operation Colostomy

What test confirmed diagnosis? X-Ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hunt M. Meares M. D.

(Address) Union Memorial Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dr. Kader - 2306 Eutaw Place ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37966

CERTIFICATE OF DEATH

131

F 37966

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3106 Kenwick Road 13-5 Ward)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida B. Wheeler

If U. S. Veteran specify WAR

(a) Residence: No. 3106 Kenwick Road St.; Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Wheeler.

6. DATE OF BIRTH (month, day, year) Oct 21, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Butler. Balto Co. md.

FATHER

13. NAME John Whillington

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Rachael

16. BIRTHPLACE (city or town) (State or country) Balto Co. md.

17. INFORMANT Elizabeth Grant.
(Address) 3106 Kenwick Road

18. BURIAL, CREMATION, OR REMOVAL
Bonday M. E. Balto Co. md. Date Aug 6, 1937

19. UNDERTAKER Chenoweth & Son
(Address) 3615-17 Chestnut Ave

20. FILED 19 Registrar.

AUG 5 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937 to Aug 3, 1937

I last saw her alive on Aug 3, 1937 Death is said to have occurred on the date stated above, at 9:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
Nephritis	
Uremia	Aug 1-37

Other contributory causes of importance:

over

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) B. Kader M. D.

(Address) 2306 Eutaw Pl.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 32967

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 32967

2036

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 Hopkins Place St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME NELSON F. NELMS

If U. S. Veteran specify WAR

(a) Residence: No. 5215 NORWOOD Rd St., 28-2 Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Pearl L. Nelms

6. DATE OF BIRTH (month, day, year) 10-27-1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Service Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Burr Adding Machine Co

10. Date deceased last worked at this occupation (month and year) August, 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME William Nelms

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Annie Whitaker

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs. Pearl L Nelms

(Address) 5215 Norwood Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Aug. 5-37 19

19. UNDERTAKER F. B. Nippert & Son

(Address) 1300 Eutaw Place

Huntington Williams, M.D. Registrar.

AUG 5 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Chest	(Aug 3, 1937)
Crushed Abdomen	(Aug 3, 1937)

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury Aug 3, 1937

Where did injury occur? Baltimore, Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Industry

Manner of injury Caught between elevator & wall

Nature of injury Crushing injury of chest & abdomen

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Injured while operating elevator

(Signed) Samuel B Wolfe Coroner M. D.

(Address) 1331 E Monument St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37968

37968

CERTIFICATE OF DEATH

24

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton St. 20-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Edgar Starnick

If U. S. Veteran specify WAR

(a) Residence: No. 2239 Wilkens Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 31-1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
11 mo.	0	11	4	3

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George E. Warnick

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Evelyn Mary Long

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. George E. Warnick

(Address) 2239 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 7-37

19. UNDERTAKER T. B. Hippert & Son.

(Address) 130 Baltimore St.

20. FILED AUG 5 - 1937 Huntington, Maryland

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 8-4-, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-29, 1937 to 8-4, 1937

I last saw him alive on 8-4, 1937 Death is said to have occurred on the date stated above, at 1.05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	7-20-37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was illness or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Lawrence J. Shimek M. D.

(Address) St. Agnes Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37963 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37969

CERTIFICATE OF DEATH

20-8 94 B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 506 Sayres Ave St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Henn - (HENN)

If U. S. Veteran specify WAR

(a) Residence: No. 506 Jayne ave St., 20 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Henn

6. DATE OF BIRTH (month, day, year) Mar 23-68

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B+O R R

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Barthold Henn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Berger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm William Henn

(Address) 506 Jayne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Aug 9-37

19. UNDERTAKER Jos. F. B. Hippert & Son

(Address) 300 Eutaw Place

20. FILED 19

Registrar

AUG 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4 1937

22. I HEREBY CERTIFY, That I attended deceased from April 10 1936 to Aug 1st 1937.

I last saw him alive on August 1st 1937 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	
Other contributory causes of importance:	
High Blood Pressure	
Arterio-Sclerosis.	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Thomas S. Bowyer M. D.

(Address) Medical Arts. Bldg.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37970

F 37970 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

124 B

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 12 ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Gertrude Bair — If U. S. Veteran specify WAR .....

(a) Residence: No. R.F.D. #1 Laneytown Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Luther D. Bair

6. DATE OF BIRTH (month, day, year) Oct. 7 - 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Nov. 1932

11. Total time (years) spent in this occupation All her life

12. BIRTHPLACE (city or town) (State or country) Sandy, Md.

FATHER

13. NAME Clinton Sill

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Laura Bankert

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Luther D. Bair
(Address) Laneytown Md R.D. 1

18. BURIAL, CREMATION, OR REMOVAL
Place Interment Laneytown Pa. Date Aug 8. 1937

19. UNDERTAKER Fuller Sittig & Son
(Address) Littlestown Pa R.D. 4

20. Filed ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 . 1937 to Aug 5 . 1937

I last saw her alive on Aug 5 . 1937 Death is said to have occurred on the date stated above, at 3 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease, Rheumatic with	
Myocardial insufficiency	5 yrs.
Cirrhosis of Liver	5 yrs.

Other contributory causes of importance: (None)

Was an operation performed? Yes Date of Oct 29, 1936

For what disease or injury? Adherent Pericarditis

Name of operation Delorme's Operation

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. D. Sunday M. D.

(Address) Union Memorial Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 1937

F 37971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186a F 37971

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 4-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 67 yrs. 3 mos. 28 ds.

2. FULL NAME William Howard Gibson

If U. S. Veteran specify WAR NONE

(a) Residence: No. 3628 Old York Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Gibson

6. DATE OF BIRTH (month, day, year) April 6, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	3	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Supervision of U. S. Post Office - Balto.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Government, POS

10. Date deceased last worked at this occupation (month, day, year) July 26, 1937

11. Total time (years) spent in this occupation 48 Yrs.

12. BIRTHPLACE (city or town) (State or country) Howard County Maryland

FATHER

13. NAME William Gibson

14. BIRTHPLACE (city or town) (State or country) Hagerstown Maryland

MOTHER

15. MAIDEN NAME Caroline Taylor

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Mary Gibson - (Wife)
(Address) 3628 Old York Road

18. BURIAL, CREMATION, OR REMOVAL Reisterstown, Md.
Place All Saints - Date 8/6/37, 1937

19. UNDERTAKER Stewart & Mowen Company
(Address) 108 West North Ave.

20. FILED [redacted] Registrar.

AUG 6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture ? right hip (acetabulum)	
Other contributory causes of importance: Fat embolis	

Was an operation performed? Cast applied Date of July 27-37

For what disease or injury? Fractured hip.

Name of operation Date of

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 25, 1937

Where did injury occur? New Freedom - Pa.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place.

Manner of injury Fell over a tree root.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schumpy, M. D.
Coroner

(Address) 1917 E. North Ave.

INFORMATION TO BE FURNISHED BY PHYSICIAN, WITH EXPLANATIONS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37972 — CERTIFICATE OF DEATH — 943 F 37972

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 1500 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Shenkew or SHANKEN — U. S. Veteran — Specify WAR

(a) Residence: No. 2540 Guilford Ave. St.; Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Shenkew

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Retail Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Shenkew

(Address) 3902 Harrison Road

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Woodlawn 8-6-37 19

19. UNDERTAKER Jack Lewis, Inc.,

(Address) 1439 E. Balto. St.

AUG 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-5- , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombus	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Paul Schenker, M. D.

(Address) 1914 E. North Ave.

Coroner

A. BE SURE TO ANSWER ALL QUESTIONS, INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37973

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37973

CERTIFICATE OF DEATH

75

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 537 Orchard St., 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leah Tolbert

If U. S. Veteran specify WAR

(a) Residence: No. 537 Orchard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pine Top NC

FATHER

13. NAME [illegible] Tolbert NC

14. BIRTHPLACE (city or town) (State or country) NC

MOTHER

15. MAIDEN NAME Hollis

16. BIRTHPLACE (city or town) (State or country) NC

17. INFORMANT Mrs. Tolbert

(Address) 617 Emerson Ave,

18. BURIAL, CREMATION, OR REMOVAL

Place National Lawn Date 8/6/ 1937

19. UNDERTAKER Frances A. Hemsley

(Address) 572 W. Biddle St

19 Registrar.

AUG 6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2 . 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency 6 days

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Percy Turner, M. D.

(Address) 126 Hanover St

Physician

U. S.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 6

M. D. H. 1268-9

37974

F 37974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 861½ Fairmount Ave. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Vaughn Johnson

(a) Residence: No. 861½ Fairmount Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-1-27

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John A. Johnson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Viola Whitney

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mother

(Address) 861½ Fairmount Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Date 1/7/37 19

19. UNDERTAKER Harold W. Armstrong

(Address) 28 Wilmington Ave.

20. FILED AUG 6 - 1937 Huntington Nottingham

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-4-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 7-23-37. 19 . to 7-4-37. 19

I last saw h[illegible] alive on 7-4-37. 19 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	7-1-37
over	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

S. 3

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37975

HEALTH DEPARTMENT—CITY OF BALTIMORE

37975

CERTIFICATE OF DEATH

24866--CM

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 13-8 Ward)

119 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. 2 mos. 4 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME John Earl Canapp

If U. S. Veteran specify WAR

(a) Residence: No. 2002 Girard Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/31/37

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Frank Canapp

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Marie Bowersox

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Baltimore City Hospital Records
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Druid Cemetery Date Aug. 7 1937

19. UNDERTAKER Harriet S. Davis
(Address) 3418 Chestnut ave

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-14, 1937, to 8-5, 1937

I last saw h.. alive on 8-5, 1937. Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Entero Colitis	
Pneumonia - Broncho	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. C. Goodall, M. D.

(Address) Balt. City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 6 - 1937

Dr. Paul Schumber M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37976

CERTIFICATE OF DEATH

1860 F 37976

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Sinai Hospital St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Graham

If U. S. Veteran specify WAR .....

(a) Residence: No. 1212 N. Gay St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed or divorced, HUSBAND of (or) ~~WIFE of~~: Alice Graham

6. DATE OF BIRTH (month, day, year): June 13-1862

7. AGE: Years 75 | Months 1 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: W. Creary Hotel

10. Date deceased last worked at this occupation (month and year): 1917

11. Total time (years) spent in this occupation: 35 Yrs

12. BIRTHPLACE (city or town) (State or country): Dublin Ireland

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Johnson

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Charles H. Graham

(Address) 1212 N. Gay Street

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: 8/7/37

19. UNDERTAKER: William Cook

(Address) 1217 St. Paul Street

AUG 6 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1937, to Aug 5, 1937

I last saw h... alive on Aug 5, 1937. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	July 31
Fracture of Skull	July 31

Other contributory causes of importance: (Arty)

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 1937

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) ..... M. D.

(Address) .....

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 9

HEALTH DEPARTMENT—CITY OF BALTIMORE

37977

CERTIFICATE OF DEATH

95 B F 37977

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 1215 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Frederick If U. S. Veteran specify WAR Record

(a) Residence: No. 438 E Lafayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Louise Sanders Frederick

6. DATE OF BIRTH (month, day, year) Dec 11th 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Confectionery 0017

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Candy Business

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Henry Frederick

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Helena Winkler

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Henry S. Frederick (Address) 826 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL Place Balto Date May 7th 1937

19. UNDERTAKER Wm Cook (Address) 847 E Pratt St

FILED MAY 10 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-3, 1937 to 5-5-, 1937

I last saw him alive on 5-5-, 1937 Death is said to have occurred on the date stated above, at 12:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vasc disease	1932
Other contributory causes of importance: Pulmonary congestion	1937

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Grant Lund M. D.

(Address) Mercy Hospital

V6 A

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37978

CERTIFICATE OF DEATH

93c F 37978

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 W. Lafayette Ave. St., 11th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sallie Webster Dorsey

If U. S. Veteran specify WAR

(a) Residence: No. 132 W. Lafayette Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 5, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James L. Dordey

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah A. Webster

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. James H. Dorsey
(Address) 7 St. Johns Road

18. BURIAL, CREMATION, OR REMOVAL
Place Church Creek Date Aug. 7. 1937
Dorchester Co. Md.

19. UNDERTAKER other arrangements
(Address) 1900 Eutaw Place

FILED AUG 6 1937 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 5. 1937 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 4th 37, 19 to Aug 5 37, 19

I last saw her alive on Aug 5 37, 19 Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis. Arterio Sclerosis

Duration of each: Several

Other contributory causes of importance:

Pulmonary Edema — 2 Days

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) W. H. Brady, M. D.

(Address) 1403 Park Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

F 37979

F 37979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 Cove al. ST., 8 WARD)

2-FULL NAME Mattie Williams

(a) RESIDENCE NO. 217 Cove al ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Williams

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant (Address) James Williams 217 Cove al

15 Filed AUG 6 1937, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 2, 193

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1937, to Aug. 2, 1937, that I last saw h alive on Aug 2, 1937, and that death occurred, on the date stated above, at 6:30 a. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mell

(duration) 8 yrs. mos ds.

CONTRIBUTORY (Secondary) Diabetic Coma

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical, Lab.

(Signed) H. M. Williams M. D.

8-5, 1937 (Address) 201 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion

DATE OF BURIAL Aug 6, 193

20 UNDERTAKER Mrs Katie R Williams

ADDRESS 322 Schroeder

INSTRUCTIONS: The information called for in this CERTIFICATE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

37980

HEALTH DEPARTMENT—CITY OF BALTIMORE

37980

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 Edmondson St., 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ? mos. ds. How long in U. S. If of foreign birth ? yrs. mos. ds.

2. FULL NAME Alfred Joseph Robinson

If U.S. Veteran specify WAR .....

(a) Residence: No. 914 Edmondson Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 1040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Federal D. C.

FATHER

13. NAME Albert J. Robinson

14. BIRTHPLACE (city or town) (State or country) Federal D. C.

MOTHER

15. MAIDEN NAME Clinton

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Ruth Taylor

(Address) 914 Edmondson

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Memorial Date Aug 6, 37

19. UNDERTAKER Mrs Katie R. Wilkins

(Address) 322 N. Schroeder St.

20. FILED 19 Registrar

AUG 6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3 1937

22. I HEREBY CERTIFY, That I attended deceased from July 29 1937 to Aug 3 1937

I last saw him alive on Aug 3 1937 Death is said to have occurred on the date stated above at 6:45 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronch-Pneumonia	July 29 1937
Other contributory causes of importance: Hypostatic Cardio-Vascular Renal disease	2 yrs

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) George McDonald M. D.

(Address) 844 N Carey

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37981

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37981

CERTIFICATE OF DEATH

473

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Leroy Winchester

If U. S. Veteran specify WAR

(a) Residence: No. 3024 Brighton St., 16-7 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Winchester

6. DATE OF BIRTH (month, day, year) June 16th 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37 1900	June	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0054

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Lee Winchester

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Heckman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Date 8/7/37 19

19. UNDERTAKER Wm. Wehrman Son

(Address) 2503 Edmondson Ave

20. AUG 6 - 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 6 1937 to August 4 1937

I last saw him alive on August 4 1937. Death is said to have occurred on the date stated above, at 10107 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	

(Over)

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Branyan M. D.

(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37982

F 37982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1244 Mc Elderry St., Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marina Scherer

If U S Veteran specify WAR .....

(a) Residence: No. 1244 Mc Elderry St., 5-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Chas. Scherer

6. DATE OF BIRTH (month, day, year) May 10, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

0090

12. BIRTHPLACE (city or town) (State or country) Macon N.C.

FATHER

13. NAME Grimage Plummer

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Lucy ?

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT (Address) Lucy V. Williams (daughter) 1244 Mc Elderry

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date 8-7 1937

19. UNDERTAKER Wyatt Marie W. Knight
(Address) 1218 Mc Elderry St

20. [illegible] 19 Huntington Williams M. D.
(Address)

AUG 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 7 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to Aug 7 1937

I last saw him alive on Aug 3 1937 Death is said to have occurred on the date stated above, at 405 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis:	Jan 1937
Other contributory causes of importance: Uremia	Aug 1937
Hypertension due to Arteriosclerosis	

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical & Lab (Was there an autopsy? no)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. H. Young M. D.

(Address) 1424 E Monument St

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A 37983

HEALTH DEPARTMENT—CITY OF BALTIMORE

37983

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3204 Fait ave St., 1-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank E. Wiley

If U. S. Veteran specify WAR .....

(a) Residence: No. 2522 Fait ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Buchasz Wiley

6. DATE OF BIRTH (month, day, year) Sept 24 1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0044

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME George W.

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Kunigunda Dietrich

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Wife

(Address) 2522 Fait ave

18. BURIAL, CREMATION, OR REMOVAL

Place, Sacred Heart Date Aug 7 1937

19. UNDERTAKER Frank V. Fiberlone

(Address) 2818 E. Balto

20. FILED AUG 6 - 1937 Eugene Williams, M.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1937 to Aug. 4, 1937

I last saw him alive on Aug 4, 1937 Death is said to have occurred on the date stated above, at 9 40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

acute alcoholism	June 24
acute hepatitis	" "
Tuberculous Pneumonia	" "

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical & Laboratory

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, ... City

(Signed) George [illegible] M. D.

(Address) 817 [illegible]

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 37984

HEALTH DEPARTMENT—CITY OF BALTIMORE

37984

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1755 Jefferson St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geneva Walker

(a) Residence: No. 1755 Jefferson St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 23, 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Edward Walker.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Priscilla Jones.

16. BIRTHPLACE (city or town) (State or country) Priscilla Walker Va.

17. INFORMANT (Address) 1755 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL Arbutus Memorial Park, Aug 6, 37

19. UNDERTAKER (Address) Robert H. Conway 804 N. Caroline St

Huntington Williams

AUG 6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/3, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/1, 1937, to 8/3, 1937

I last saw her alive on 8/3, 1937 Death is said to have occurred on the date stated above, at 9:40 m. P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Apr. 1 '37
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Raymond Thomas M.D.

(Address) 1500 E. Madison St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37985 E 37985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2706 Boston St. 1-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Burt Rinkoldson

If U. S. Veteran specify WAR .....

(a) Residence: No. 2706 Boston St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Carrie Rinkoldson

6. DATE OF BIRTH (month, day, year) June 23-1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	0	0 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0034

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Carrie Rinkoldson

(Address) 2706 Boston St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Park Date Aug 7 1937

19. UNDERTAKER William Fiaschetti

(Address) 1615 Eastern Ave

[illegible] Huntington Williams, M.D.

P. P. St

AUG 6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 3rd, 1937, to Aug 4th, 1937

I last saw h[illegible] alive on Aug. 3rd, 1937. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	Aug 3rd 1937
Other contributory causes of importance:	
	Over

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19 ..

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. F. Rios, M. D.

(Address) 24 S. Broadway

N. B.—WRITE PLAINLY, WITH INK AND INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37986

1. PLACE OF DEATH

Registered No. 1131

CITY OF BALTIMORE: (No. 820 S. Robinson St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 50 yrs. ..... mos. ..... ds.

2. FULL NAME Christena Mosberger

If U. S. Veteran specify WAR .....

(a) Residence: No. 820 S. Robinson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Mosberger

6. DATE OF BIRTH (month, day, year) April 24, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Bertha C. Myers
(Address) 820 S. Robinson St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Aug. 7 1937

19. UNDERTAKER George W. Zickler
(Address) 1737 E. Eager St.

20. FILED AUG 6 - 1937 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUGUST 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 26 1937 to August 4 1937

I last saw h[illegible] alive on August 4, 1937. Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	?
Chronic interstitial nephritis	?
Cerebral hemorrhage.	July 26 '37
Other contributory causes of importance:	
Cerebral hemorrhage.	July '37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Albert L. Silversky M. D.

(Address) 2939 The Alameda

INSTRUCTIONS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 37987

HEALTH DEPARTMENT—CITY OF BALTIMORE

37987

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 22-1 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Mahoney (24791)

If U. S. Veteran specify WAR ....

(a) Residence: No. 309 S. Sharp St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 26, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Grace Cannon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL AUG 6 - 1937 19
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

AUG 6 1937 Huntington Williams, F.

3405 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1937 to July 29, 1937

I last saw h... alive on July 29, 1937 Death is said to have occurred on the date stated above, at 12:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Dec 1936

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) L. M. Curtis M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37988

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37988

CERTIFICATE OF DEATH

1860 C.C.

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 1872
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Bay View St., 2 E Ward)

Length of residence in city or town where death occurred 68 yrs. 0 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William H. Tulley

(a) Residence: No. 914 Homestead St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Winifred (Head)

6. DATE OF BIRTH (month, day, year) July 29 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 30

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cayhan Crayhan

10. Date deceased last worked at this occupation (month and year) May 1937

11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Tulley

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Kay Daughtery

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Records, Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lepus, Md Date 8/7 1937

19. UNDERTAKER L. Vernon Lemmon
(Address) 4411 Park Heights

FILED AUG 6 - 1937 Huntington Williams M.D.
Registrar

VSE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Aug 2-1937
(Other contributory causes of importance:) Fracture Cervical Vertebra	July 30-1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 30, 1937

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Fall down steps at home Fracture

Nature of injury Cer. Head Cervical Vertebrae

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood, Coroner, M. D.

(Address) 1712 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37989

CERTIFICATE OF DEATH

346 E F 37989

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 3952 Hickory Ave

CITY OF BALTIMORE: (No. 3952 Hickory Ave Ward)

Length of residence in city or town where death occurred 46 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Ida Atkinson

(a) Residence: No. 3952 Hickory St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lowe Atkinson

6. DATE OF BIRTH (month, day, year) Dec 25 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Samuel M. Mathis

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Cooper

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Edna Bell

(Address) 3830 Hickory Ave

18. BURIAL, CREMATION, OR REMOVAL

St Marys Hampden Date Aug 7 1937

19. UNDERTAKER Chenowith & Son

(Address) 3615 17 Chestnut Ave

20. FILED Huntington Williams, M.D.

AUG 6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Cause

The principal cause of death and related causes of importance were as follows:

Carcinoma of Gall Bladder

Date of onset

Other contributory causes of importance: Diabetes

Was an operation performed? Date of

For what disease or injury

Name of operation Exploratory Date of July 13/37

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Craus, M. D.
Coroner

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37990

CERTIFICATE OF DEATH

13-623

F 37990

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital, Balto. St., Md. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William N. Fox

If U. S. Veteran specify WAR WW

(a) Residence: No. 3557 Keswick Rd., Balto., Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Alban Fox

6. DATE OF BIRTH (month, day, year) September 6, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	10	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Universal Credit

10. Date deceased last worked at this occupation (month and year) 4 yrs. ago.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William R. Fox

14. BIRTHPLACE (city or town) (State or country) Front Royal Virginia

MOTHER

15. MAIDEN NAME Rhoda Green

16. BIRTHPLACE (city or town) (State or country) Cumberland Maryland

17. INFORMANT Records - U.S. Marine Hospital

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

St. Mary's Cemetery Date Aug 9, 1937

19. UNDERTAKER Charles Sylvester Sons

(Address) 361 S-17 Edmondson Ave Baltimore, Md.

20. FILED AUG 6 - 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1937 to August 6, 1937

I last saw him alive on August 6, 1937. Death is said to have occurred on the date stated above, at 12:45a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, far advanced.	Indefinite.
Tuberculosis, larynx.	"

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical & X-ray findings. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Kath K Bryant M. D.

(Address) U.S. Marine Hospital - Balto., Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37991 — 119 — F 37991

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Mem. Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 33 St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert Melvin Majenski — If U. S. Veteran specify WAR .....

(a) Residence: No. 911 N 33d St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male — 4. Color or Race: White — 5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb 26, 1937

7. AGE — Years: — Months: 5 — Days: 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Alex Majenski

14. BIRTHPLACE (city or town) (State or country): Balt.

MOTHER

15. MAIDEN NAME: Pauline Kelbaugh

16. BIRTHPLACE (city or town) (State or country): Balt

17. INFORMANT: Alex Majenski
(Address) 911 N 33d St

18. BURIAL, CREMATION, OR REMOVAL
Place: St Mary's Hampden Date: Aug 7 1937

19. UNDERTAKER: Ebenezer Lyn
(Address) 5[illegible] Charles Ave

20. FILED AUG 6 - 1937 — [illegible] Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 5, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastroenteritis	7 30 37

Other contributory causes of importance: Convulsion — 8/5/37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Joseph H Carr Coroner, M. D.

(Address) Coroner

JOSEPHINE H. FANT

37992 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 37992

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3333 N. Charles St. St.) Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine H. Fant

If U.S. Veteran specify WAR

(a) Residence: No. 3333 N. Charles St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) --- --- ---

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 76	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME Hamilton G. Fant

14. BIRTHPLACE (city or town) (State or country) ------- Virginia

MOTHER

15. MAIDEN NAME Josephine Hellen

16. BIRTHPLACE (city or town) (State or country) ------- Virginia

17. INFORMANT Lawrence Brodwin

(Address) 400 Greenway

18. BURIAL, CREMATION, OR REMOVAL

Place Washington, D. C. Date Aug 7 1937

19. UNDERTAKER Henry W. Meamber

(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 19

22. I HEREBY CERTIFY, That I attended deceased from July 29th 1937 to Aug 5th 1937

I last saw her alive on Aug 5th 1937. Death is said to have occurred on the date stated above, at 7:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Senile myocardial degeneration + Decompensation	July 29

Other contributory causes of importance:

Chronic nephritis Angina.

Was an operation performed? — Date of

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) E. H. Fant M. D.

(Address) 1515 Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 6 - 1937

F 37993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Richard B. Gleason

If U. S. Veteran specify WAR .....

(a) Residence: No. 224 S. Lincoln Ave. Ward Loudenslager Ill

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara

6. DATE OF BIRTH (month, day, year) 2/11/70

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2054

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME Chas. Wilmot

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Abigail L. Bartlett

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Lombard, Ill Date Aug 6, 1937

19. UNDERTAKER John O. Mitchell & Son

(Address) 1900 Eutaw Place

20. FILED AUG 6 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1937 to Aug 6, 1937

I last saw him alive on Aug 6, 1937 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia, Staphylococcus Endocarditis, Acute	7-26-37 ?

Other contributory causes of importance: Benign Prostatic Hypertrophy ?

Was an operation performed? Yes Date of 7/21/37

For what disease or injury? Prostatic Hypertrophy

Name of operation Perineal Prostatectomy

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel A. Yeat Jr. M. D.

(Address) Johns Hopkins Hosp. Baltimore, Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 6 1937

F 37994

37994 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 1131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Callow Ave. St. 13-N Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mollie Duvall Anderson

If U.S Veteran specify WAR .....

(a) Residence: No. 2211 Callow Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Oscar Anderson

6. DATE OF BIRTH (month, day, year) September 10, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel Maryland

FATHER

13. NAME Charles S. Duvall

14. BIRTHPLACE (city or town) (State or country) United States

MOTHER

15. MAIDEN NAME Mary Amelia Baldwin

16. BIRTHPLACE (city or town) (State or country) Laurel Maryland

17. INFORMANT Mr. James B. Duvall

(Address) Glyndon, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Aug. 7, 1937

19. UNDERTAKER Wood & Hood

(Address) 1003 W. Baltimore St.

AUG 6 - 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 3rd, 1934 to Aug. 5th, 1937

last saw her alive on Aug. 5, 1937 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	1930
arterio Sclerosis	1934
Chr- nephritis	1936

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R. G. Nicholson, M. D.

(Address) 2230 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 37995

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37995

CERTIFICATE OF DEATH

24-37 / 186a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital

Length of residence in city or town where death occurred 2 yrs. ~~mos.~~ ~~ds.~~ How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Willard E. Vandercook.

(a) Residence: No. 636 Plymoth Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced, HUSBAND of (or WIFE of) Margaret Vandercook.

6. DATE OF BIRTH (month, day, year) January 3,1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Genl. Mng & Vice Pres

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wood Product Co.

10. Date deceased last worked at this occupation (month, day, year) Aug 3,1937

11. Total time (years) spent in this occupation 1928

12. BIRTHPLACE (city or town) (State or country) Connecticut.

FATHER

13. NAME Willard E. Vandercook.

14. BIRTHPLACE (city or town) (State or country) Albany, N. Y.

MOTHER

15. MAIDEN NAME Alice Atchinson.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Margaret Vandercook.(wife)
(Address) 636 Plymoth Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Arcona, Conn. Date 8-7-37

19. UNDERTAKER W. Cook
(Address) 121 E. Eutaw St

20. FILED AUG 7 - 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5,1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture and dislocation of the 7th Cervical Vertebra.	8/3/37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 8/3/37

Where did injury occur? Fort Armstead,A.A.CoMd
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Dived into shallow water.

Nature of injury Fracture of the neck.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. T. Kinnard, M. D.
Coroner

8/6/37 (Address) 1017 S. Charles St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37996

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37996

CERTIFICATE OF DEATH

V 820

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Franklin Square Hospital. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 6 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William T. Mitchell. If U. S. Veteran specify WAR No Record

(a) Residence: No. 2144 Vine St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, XXXXXXXXXX HUSBAND of XXXXXXXXX Mary Mitchell.

6. DATE OF BIRTH (month, day, year) January 10, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W P A

10. Date deceased last worked at this occupation (month and year) Dec 1936

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George W. Mitchell.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Rose Selling.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Pauline Appel.
(Address) 825 N. Linwood St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Aug 9th 1937

19. UNDERTAKER Wm. Cook
(Address) 1217 St. Paul St.

20. FILED ... 19 ...

AUG 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, Hemiplegia.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M Reinhardt, M. D.
Coroner

8/6/37 (Address) 1017 S. Charles St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37997 HEALTH DEPARTMENT—CITY OF BALTIMORE 37997

CERTIFICATE OF DEATH 25467--CM

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St. 18-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50yrs yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Willis Kunkel

If U. S. Vet. specify WAR No Record

(a) Residence: No. 112 S. Carrollton Ave., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-16-1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Trainsman

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME James S. Kunkel

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Nancy E. Koser

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Aug 7th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED AUG 7 - 1937 Lexington Williams Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8 - 4 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-31, 1937, to 8-4, 1937

I last saw ~~him~~ alive on 8 - 4, 1937 Death is said to have occurred on the date stated above, at 8 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic hypertrophy with urinary obstruction	?
Delirium Tremens	8-2-37
Other contributory causes of importance: —	over

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) O. C. Arantegan, M. D.
(Address) Baltimore City Hospts

F 37998

F 37998 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-12 94B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3444 Reisterstown Rd Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna V. Nagle

If U.S. Veteran specify WAR No Record

(a) Residence: No. 3444 Reisterstown Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, ~~Married, Widowed, or Divorced~~ (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Dec 27th 1856

7. AGE: Years 80 | Months 7 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): New Hampshire

FATHER

13. NAME: Edward Nagle

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Louise Sowers

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Anna V. Nagle 1810 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL Place: London Park Date: Aug 7th 1937

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

20. FILED: Lexington Williams

AUG 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 6th 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1937 to Aug 6th 1937

I last saw h[illegible] alive on Aug 6 1937 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset: Aug 5

Other contributory causes of importance:

arteriosclerosis — 1 yr

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, [illegible]

(Signed) Gerald L. Mortimer Jr. M. D.

(Address) 2801 St Paul St

Spec.—2-29-28—L. F. S.—500 Bks.

F 37999 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37999

CERTIFICATE OF DEATH 131

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Franklin Square Hosp. ST., 21-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Emma S Mitchell

(a) RESIDENCE NO. 1121 Scott St ST., WARD No Record

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, ~~or Divorced~~, (write the word): Widowed

5a If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of: Thomas M. Mitchell

6 DATE OF BIRTH (month, day, and year): Jan 2nd 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Louis M. Muench

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ill.

12 MAIDEN NAME OF MOTHER: Hannah E. Karl

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penn

14 Informant: Liona E. Thomas

(Address) 1121 Scott St

15 Filed AUG 7 - 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-6-37

17 I HEREBY CERTIFY, That I attended deceased from 8-4-37, 19..., to 8-5-37, 19..., that I last saw h~~e~~r alive on 8-5-37, 19..., and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

Hypertension, Cortico-Vascular

Renal Disease —

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Luther Wolf, M. D.

, 19 (Address) Franklin Sq Hosp —

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Aug 9th 1937

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St. Paul St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F38000

38000

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38000

X. V95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital Registered No.

CITY OF BALTIMORE: (No. Dukeland & Raynor St., 16-6 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. d

If U.S. Veteran specify WAR No Record

2. FULL NAME Emma C. Garrison

(a) Residence: No. Rolling Road; Rockdale, MD St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (~~Wife of~~) Charles W. Garrison

6. DATE OF BIRTH (month, day, year) Jan 20th 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H&se Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Carroll Co Maryland

FATHER

13. NAME Thomas Bankard

14. BIRTHPLACE (city or town) (State or country) Baltimore MD.

MOTHER

15. MAIDEN NAME Ellen Agle

16. BIRTHPLACE (city or town) (State or country) Baltimore MD.

17. INFORMANT Charles W. Garrison
(Address) Rolling Rd - Rockland

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Aug 9th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED Huntington, Baltimore

AUG 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 13 1937 to Aug. 6, 1937

I last saw her alive on Aug 5, 1937. Death is said to have occurred on the date stated above, at 4 A m

The principal cause of death and related causes of importance were as follows:

Streptococcus Septicemia. Date of onset 5-1-37

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? Blood Culture Was an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Melton Levin M. D.
(Address) WB & H

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 38001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 38001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 E. Eager St. St., 10-1 Ward)

Length of residence in city or town where death occurred 47 yrs. 9 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Ida Marie Ward

(a) Residence: No. 814 E. Eager St St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Timothy M. Ward

6. DATE OF BIRTH (month, day, year) August 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) June 1937

11. Total time (years) spent in this occupation 29 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Conrad Stumpf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth M. Starke

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Timothy M. Ward

(Address) 914 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL

Mt. Cathedral Cem. Date July 9, 1937

19. UNDERTAKER Elmer W. Conkling

(Address) 924 E. Eager St.

Washington, D. C.

19. FILED AUG 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/5/1937

22. I HEREBY CERTIFY, That I attended deceased from 7/14, 1937 to 8/5, 1937

I last saw him alive on 8/6/1937 Death is said to have occurred on the date stated above at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/14/37
Hypertension	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Manuel S. Hayes M. D.

(Address) 1744 W. Lafayette

state CAUSE OF DEATH in plain terms. Indefinite or incomplete statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F38002

CERTIFICATE OF DEATH

107-a F 38002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 7 mos. 29 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Ann Koch

(a) Residence: No. 922 E Biddle St St., 10 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) Dec 6, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	7 mos	29 dys	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John J. Koch

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Frances E Lynch

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT John J. Koch (Father)

(Address) 922 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date Aug 7, 1937

19. UNDERTAKER Edgar A. Conklin & Son

(Address) 924 E Biddle St

Huntington Williams, MD

Registrar.

FILED AUG 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so specify .....

(Signed) Paul Schreiber M. D.

Coroner

(Address) 1919 E. North Ave.

State CAUSE OF DEATH in plain terms. Statement of it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 38003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131 F 38003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 Hanover St. 32-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Baumgarten

If U. S. Veteran specify WAR

(a) Residence: No. 715 Hanover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas F. Baumgarten

6. DATE OF BIRTH (month, day, year) 7/8/1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	-	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Before

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph Steck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. C. J. Baumgarten

(Address) 715 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date 8/9/37

19. UNDERTAKER Fahey & Davis

(Address) 1218 Light St.

AUG 7 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1937 to Aug. 5, 1937.

I last saw her alive on Aug. 5, 1937. Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypotensive cardio vascular renal disease.	?
Other contributory causes of importance: Uraemia	7/20/37

Was an operation performed? no Date of - - -

For what disease or injury? - - -

Name of operation - - -

What test confirmed diagnosis? D.F. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Leibel M. D.

(Address) 1224-1226 Hanover St.

State CAUSE OF DEATH in plain terms. Indefinite or unsatisfactory answers will not be accepted. OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1208-9

F 38004

38004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 Warden St., 10-1 Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? 25 yrs. mos. ds.

2. FULL NAME Carmela Microtte or Micritta.

(a) Residence: No. 1006 Warden St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: Withe

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Paolo

6. DATE OF BIRTH (month, day, year): Aug. 12 1883

7. AGE: Years 53 | Months 11 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Enna Italy

FATHER

13. NAME: Paolo Amato

14. BIRTHPLACE (city or town) (State or country): Enna Italy

MOTHER

15. MAIDEN NAME: Giuseppina Anzalone

16. BIRTHPLACE (city or town) (State or country): Enna Italy

17. INFORMANT: Paolo Microtte (Husband)

(Address): 1006 Warden St.

18. BURIAL, CREMATION, OR REMOVAL: Holy Redeemer C. Aug. 9 1937

Place Date 19

19. UNDERTAKER: Frank Della Vale

(Address): 51 N. Motley St.

Huntington Williams, Registrar. 19

AUG 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 6th. 1937

22. I HEREBY CERTIFY, That I attended deceased from March. 1937. to Aug 4 1937.

I last saw her alive on Aug. 4 1937. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of breast.

With Metastasis.

Date of onset

Other contributory causes of importance:

Cachexia.

Name of operation Date of

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mars G. Jno M. D.

(Address) 120 Aisquith St.

State CAUSE OF DEATH in plain terms. Do not state mode of dying, or merely symptoms of disease. OCCUPATION is very important. See instructions on back of certificate.

38005

HEALTH DEPARTMENT—CITY OF BALTIMORE 38005

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 N. Ellwood Ave. St., 8-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 95 yrs. 5 mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME ELIZA L. RATCLIFFE

(a) Residence: No. 1203 N. Ellwood Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Washington W. Ratcliffe

6. DATE OF BIRTH (month, day, year) Feb. 13, 1842

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
95	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Philip Henebry

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Morrison

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Wm. A. Ratcliffe
(Address) 100 E. 32nd. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Aug. 7, 1937

19. UNDERTAKER John Ulrich & Bro
(Address) Belair Road

20. FILED ..... 19..... ..... Registrar.

Aug 7 - 1937 Livingston Phillips, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1937 to Aug 5 1937

I last saw her alive on Aug 5 1937. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 5/37
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify.....

(Signed) Adam B. Lemmon M. D.

(Address) 718 N. Eutaw Pl.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38006

CERTIFICATE OF DEATH

75 F 38006

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William F. McGarvey

(a) Residence: No. 1546 Carroll St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 15, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0645

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Michael McGarvey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Hall

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Katherine McGarvey

(Address) 1546 Carroll St

18. BURIAL, CREMATION, OR REMOVAL

Place N.C. Cem Date 8/7 1937

19. UNDERTAKER Wm. Cox Estate

(Address) 1210 E. Fayette St

AUG 7 1937 Registrar.

V 56

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 5, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Alcoholism	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schwartzbach, M. D. Coroner

(Address) 1419 E. North Ave.

state CAUSE OF DEATH in plain terms. See instructions on back of certificate.
OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38007

CERTIFICATE OF DEATH

1321 F 38007

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 Hollins St. 19-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs mos ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry F. Gray

If U. S. Veteran specify WAR None

(a) Residence: No. 1321 Hollins St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	~~Married~~ Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laula E. Gray

6. DATE OF BIRTH (month, day, year) Aug 26, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk 0069

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Harry Gray

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Isabelle Owen

16. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

17. INFORMANT Mrs Laula E. Gray

(Address) 1321 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Aug. 7, 1937

19. UNDERTAKER Charles F. Schubel

(Address) 505 N. Monroe St.

Huntington Williams, MD

AUG 7 - 1937

State CAUSE OF DEATH and OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1936 to Aug 5, 1937

I last saw him alive on Aug 5, 1937 Death is said to have occurred on the date stated above, at 9:08 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Cardio - vascolo - renal disease

Date of onset Autumn 1933

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Dr. B. Sybert M. D.

(Address) 2802 Harford Ave.

A&Co. 5-31 250B

38008

HEALTH DEPARTMENT—CITY OF BALTIMORE

38008

CERTIFICATE OF DEATH

Registered No. 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 Hanover St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Agnes McKenna

(a) Residence: No. 1204 Hanover St., 10 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James J. McKenna

6. DATE OF BIRTH (month, day, year) May 9, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Patrick Murray

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annie Gordon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary McKenna

(Address) 1204 Homewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Aug 9, 1937

19. UNDERTAKER Pete Wiedefeld

(Address) 914 Eutaw St

AUG 7 1937 19 Huntington Nathanson, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1937 to Aug 6, 1937

I last saw her alive on Aug 5, 1937 death is said to have occurred on the date stated above, at 12 M. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis, (Cerebral Hemorrhage)	3 yrs. ago.

Other contributory causes of importance:

Arteri-Sclerosis

Name of operation ✓ Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benj. B. Hayden, M.D.

(Address) 1216 N. Caroline St.

state CAUSE OF DEATH in plain terms. DO NOT USE ABBREVIATIONS OR ILLEGIBLE WORDS. Explain how disease caused death, or how accident occurred. Do not state mode of dying, such as heart failure, asphyxia, or shock, without stating what disease or injury caused it. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 38009 ✓ 66-2 F 38009

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 17 Ward)

Length of residence in city or town where death occurred 0 yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elsie Woodlin Strickland

(a) Residence: No. Fiddletown, N. C St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of E. C. Strickland

6. DATE OF BIRTH (month, day, year) June 31, 1892

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
45	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bertie Co N. C.

FATHER

13. NAME David E. Woodlin

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Lee A. Holloman.

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT E. C. Strickland
(Address) Fiddletown, N. C.

18. BURIAL, CREMATION, OR REMOVAL Place Wilson, N. C. Date 8-7-37

19. UNDERTAKER Turner & Hagan
(Address) Wilson, N. C.

20. FILED AUG 7 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/7, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1937, to Aug 7, 1937

I last saw her alive on Aug 7, 1937. Death is said to have occurred on the date stated above, at 6.05 a. m.

The principal cause of death and related causes of importance were as follows:

a. Exophthalmic goitre — Date of onset Feb, 1937

Other contributory causes of importance:

Was an operation performed? Yes Date 7/37

For what disease or injury? Exophthalmic Goitre

Name of operation bilateral subtotal thyroidectomy

What test confirmed diagnosis? B. M. R. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank M. Weaver, M. D.

(Address) Union Memorial Hospital

state CAUSE OF DEATH. See instructions on back of certificate.
OCCUPATION is very important.

F 38010

HEALTH DEPARTMENT—CITY OF BALTIMORE 38010

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH St. Agnes' Hospital, (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St. 20 Ward)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Martha Penski, If U. S. Veteran specify WAR

(a) Residence: No. 2706 Wilkens St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Penski

6. DATE OF BIRTH (month, day, year) Sept 10, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Gustav Paschmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Hermann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. John Penski Sr.
(Address) 2706 Wilkens St

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Date Aug 7, 1937

19. UNDERTAKER Harry H. Lichtfuss
(Address) 4101 Edmondson Ave

20. FILED AUG 7 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-4-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-22-1937 to 8-4-1937

I last saw her alive on 8-4-1937 Death is said to have occurred on the date stated above, at 12.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	7-20-37
Left monoplegia.	
Hypertensive Cardiovascular Renal Disease	?

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. J. Shumanek M. D.
(Address) St Agnes Hospital

State CAUSE OF DEATH in plain English, OCCUPATION is very important. See instructions on back of certificate.

F 38011 HEALTH DEPARTMENT—CITY OF BALTIMORE F 38011 SF

CERTIFICATE OF DEATH

46-B no number

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 18-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Elizabeth Martin

(a) Residence: No. 1040 W. Lexington St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 1857 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Sewell

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Henrietta Stewart

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Aug 9, 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 3224 Sherwood Ave

AUG 7 - 1937 Lexington Mkt Space

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5 1937

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1937, to August 5, 1937

I last saw her alive on August 05, 1937. Death is said to have occurred on the date stated above, at 7:50 p. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

VS 3

38012 HEALTH DEPARTMENT—CITY OF BALTIMORE 38012

CERTIFICATE OF DEATH

194B

1. PLACE OF DEATH B. & O R.R.Co. Carroll Switch Yard.
CITY OF BALTIMORE: (No. ..... St., 19-1 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 35 yrs. --mos.--ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Johnson.(c)
(a) Residence: No. 1607 W. Franklin St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or ~~XXXXXX~~ HUSBAND of ~~XXXXXX~~ Hattie Johnson(c)

6. DATE OF BIRTH (month, day, year) October 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	10	----	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B.& O.R.R.Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

FATHER
13. NAME Andrew Johnson.(c)
14. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

MOTHER
15. MAIDEN NAME Jane Butler.(c)
16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Lucinda Parker.(c) aunt.
(Address) 1046 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Aug 8, 37

19. UNDERTAKER Mc Katie R Williams
(Address) 222 E. Schroder St.

AUG 7 - 1937 Katie R. Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Hemorrhage	
Struck in the chest by piece of flying steel.	8/3/37

Other contributory causes of importance:

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accisent Date of injury 8/3/37 19
Where did injury occur? B. & O. R.R.Yards.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place industry
Manner of injury Struck by piece of steel.
Nature of injury Internal Hemorrhege.

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify .....

(Signed) Otto Reinhardt, M. D.
Coroner
8/6/37 (Address) 1017 S. Charles St.

information should be given in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH is very important. See instructions on back of certificate. OCCUPATION is very important.

38013 F 38013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 36

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 Edmondson Avenue. St., 16 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 8 mos. 24 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eugene Edwin Sweeny

If U. S. Veteran specify WAR .....

(a) Residence: No. 1608 Edmondson Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ----

6. DATE OF BIRTH (month, day, year) Nov 12th 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal & Ice Business

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Louis D. Sweeny

14. BIRTHPLACE (city or town) (State or country) Porto Rico

MOTHER

15. MAIDEN NAME Eliza G. Miller

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Miss Carrie Sweeny
(Address) 1608 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Aug 9th 19 37

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED AUG 7 - 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6 1937

22. I HEREBY CERTIFY, That I attended deceased from July 7 1937 to Aug 6 1937
I last saw h[illegible] alive on Aug 6 1937 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of spine c Lordosis	1875
Pronounced Myocarditis	1936
Cerebral Thrombosis	July 1937
Chronic Nephritis c Uremia	July 1937

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Wishart M. D.

(Address) 2302 Edmondson Ave.

Information ... state CAUSE OF DEATH in plain terms, so that it may be properly classified. Have statement of OCCUPATION is very important. See instructions on back of certificate.

Edbert J Cartwright ✓

38014 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 38014

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 Evesham St., 27-8 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S Veteran specify WAR .....

2. FULL NAME Edbert L. Cartwright

(a) Residence: No. 612 Evesham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Hughes Cartwright

6. DATE OF BIRTH (month, day, year) Jan 24 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superintendent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto repair shop

10. Date deceased last worked at this occupation (month, day, year) 7/6/37

11. Total time (years) spent in this occupation 15 yrs.

12. BIRTHPLACE (city or town) (State or country) St Johns N. B. - Canada

FATHER

13. NAME George Cartwright

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Florence Hughes Cartwright
(Address) 612 Evesham ave

18. BURIAL, CREMATION, OR REMOVAL
Place Silver Spring Md. Date 7-7- 1937

19. UNDERTAKER Kepner E. Pumphrey
(Address) Silver Spring Md

20. FILED 7 1937 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1937 to Aug 6, 1937 last saw him alive on Aug 6, 1937 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis — Date of onset about 2 yrs.

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical + laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No · If so, specify

(Signed) Geo. B. Lybert M. D.

(Address) 2802 Harford ave.

Information ... state CAUSE OF DEATH in plain terms, so that it may be properly classified. Part statement of OCCUPATION is very important. See instructions on back of certificate.

38015 ✓ F 38015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. Ward)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Chas. A. Evans

(a) Residence: No. 215 N. Castle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Evans

6. DATE OF BIRTH (month, day, year) Jan 15, 1885

7. AGE Years	Months	Days	If LESS than 1 day..... hrs. or min.
52	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roofer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Roofing

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Mathews Evans

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Margaret Simpson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Bertha Evans

(Address) 215 N. Castle St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 8/10/37

19. UNDERTAKER Philip Stevens Sons

(Address) Baltimore St

AUG 7 - 1937

20. FILED ..... Registrar

H. Taylor Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance	

Was an operation performed? Yes Date of August 2, 1937

For what disease or injury? Fractured Skull

Name of operation Decompression Date of 8/2/37

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 8/2, 1937

Where did injury occur? 6/9-30 ~~Maryland~~. Balto., Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Fell off a ladder

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schneider, M. D. Coroner

(Address) 1919 E. North Ave.

Information should be entered in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

V S 6

E 38016

E 38016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 OC

Registered No. 1872

1. PLACE OF DEATH Baltimore City Hospitals
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., 26 Ward)

Length of residence in city or town where death occurred 18 yrs. mos ds. How long in the U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Smith

(a) Residence: No. 1245 St. Mathews St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 2 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0640

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Moses Smith

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Rachel James

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Beatrice Irvin
(Address) 1245 St. Mathews St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lebanon Cem Date Aug 7 1937

19. UNDERTAKER Robt E Williams & Co
(Address) 15-15 McElderry St

20. FILED AUG 7 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 3 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)
adduced by said Inquiry find that said deceased came
(Inquest, Autopsy or Inquiry)
his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset Dec 1936

Other contributory causes of importance: None

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Bond St.

Information must be given in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH is very important. See instructions on back of certificate. OCCUPATION is very important.

38017 HEALTH DEPARTMENT—CITY OF BALTIMORE 38017

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. St., 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 5 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eleanor Septima Cohen

If U. S. Veteran specify WAR

(a) Residence: No. Latrobe Apts Balt. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 17 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME Israel Cohen

14. BIRTHPLACE (city or town) Balt (State or country) Md

MOTHER

15. MAIDEN NAME Cecelia E. Levy

16. BIRTHPLACE (city or town) Charleston (State or country) S.C.

17. INFORMANT Mr Samuel J. Fisher

(Address) 704 Union Trust Bldg

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 9 1937

19. UNDERTAKER Henry W. Jenkins Sons

(Address) McCulloh & Orchard Sts.

20. FILED AUG 7 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/20/37 19 to 8/6/37 19

I last saw her alive on Aug 6 1937. Death is said to have occurred on the date stated above, at 4:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	
? cerebral accident	8/5/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. B. Fensler M. D.

(Address) U. M. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

38018

HEALTH DEPARTMENT—CITY OF BALTIMORE

38018

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH Maryland General Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify War Record

2. FULL NAME Frank Costello

(a) Residence: No. 2204 Aiken St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kathrina Costello

6. DATE OF BIRTH (month, day, year) Dec 3rd

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Straw Hat Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brigham Hop Kins Co

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation Yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME James T. Costello

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Francis Kelly

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Catherine Costello
(Address) 2204 Aiken St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Mt Carmel Rd Date Aug 10th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 E Pratt St

20. FILED 8-8-1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-6, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-6-37, 19..... to 8-6-37, 19.....

I last saw h.i.(.) alive on 8-6-37, 19..... Death is said to have occurred on the date stated above, at 11 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Hypertension	
(2) Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) J. Feldmeyer M. D.

(Address) Maryland general Hosp.

State CAUSE OF DEATH in plain English. Omission of any important information may be prejudicial to the interests of the deceased. See instructions on back of certificate. OCCUPATION is very important.

38019

HEALTH DEPARTMENT—CITY OF BALTIMORE

38019

CERTIFICATE OF DEATH

Registered No. 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3016 East Baltimore St Ward) 6-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia F. Crockett

If U. S. Veteran specify WAR

(a) Residence: No. 3016 East Balto St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward L. Crockett

6. DATE OF BIRTH (month, day, year) Feb. 28, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	5	9 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tangier Va

FATHER

13. NAME George Thomas

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary J. Crockett

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Hattie Crockett

(Address) 3016 E. Balto St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parks Cemetery Tangier Va Date Aug 9, 37

19. UNDERTAKER John A. Moran

(Address) 3000 E. Balto St.

20. FILED 19 Registrar.

8-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1937, to Aug 6, 1937

I last saw h[illegible] alive on Aug 6 1937. Death is said to have occurred on the date stated above, at 11 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Carcinoma Uterus	?
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Sidney H. Truett M. D.

(Address) 421 S Font Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 38020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 Warwick Ave. St. 15-3 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Solomon Rosenberg

(a) Residence: No. 1627 Warwick Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Sophia

6. DATE OF BIRTH (month, day, year): 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0080

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Wolfe Rosenberg.

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Chava Snyder

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Louis Rosenberg.
(Address) 1627 Warwick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Mizrahi Date Aug 8 1937

19. UNDERTAKER Sol Levinson Bros
(Address) 1152 E Baltimore St

20. FILED 8-1937 [illegible] 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1937 to August 7, 1937

I last saw h.. alive on August 7, 1937. Death is said to have occurred on the date stated above, at 2:11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Coronary Arteriosclerosis Disease	Aug. 1936
(2) Chronic Myocarditis	3
(3) Terminal Bronchopneumonia	4 days

Other contributory causes of importance:

(1) Arteriosclerosis	?
(2) Chronic Nephritis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Philip J. Lerner M. D.

(Address) 1823 Maryland Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38021

38021

CERTIFICATE OF DEATH

49-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Sacks

If U. S. Veteran specify WAR

(a) Residence: No. 830 Chauncey Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Sacks

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Harry Caplan

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sacks —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT William Sacks
(Address) 830 Chauncey Ave

18. BURIAL, CREMATION, OR REMOVAL
Hebrew Northern Ave Date Aug 8 1937

19. UNDERTAKER Sol Levinson Bros
(Address) 1127 E Balto St

FILED AUG 8 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5 1937 to Aug. 6 1937

I last saw her alive on Aug. 6 1937. Death is said to have occurred on the date stated above, at 4.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary oedema	8/6/37
Other contributory causes of importance:	
Ascites	
Malignant Ovary	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Louis Malodner M. D.
(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38022

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38022

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 East St., 5-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Walkins

If U. S. Veteran specify WAR

(a) Residence: No. 206 East St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Samuel Walkins

6. DATE OF BIRTH (month, day, year) Aug 28-1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME Mary Burke

16. BIRTHPLACE (city or town) (State or country) Borrowstill Md

17. INFORMANT John Walkins

(Address) 946 Colvin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cem Date 8-9- 1937

19. UNDERTAKER Bryson & Mamie K. Wright

(Address) 2210 McElderry St

20. FILED Aug 8 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1937 to Aug 6 1937

I last saw h. alive on Aug 6 1937 Death is said to have occurred on the date stated above, at 5 00 p m.

The principal cause of death and related causes of importance were as follows:

Interstitial Nephritis Subacute — Date of onset July 20 1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo E. Adams M. D.

(Address) 50 E Lexington St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 8 - 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38023

CERTIFICATE OF DEATH

F 38023

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2586 Garrett Ave St., (or) Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alec Jerome Earles

If U. S. Veteran specify WAR

(a) Residence: No. 2536 Garrett Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: M

4. Color or Race: Cr

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug 7-1937

7. AGE: Years | Months | Days | If less than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: John C Earles

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Alice Softley

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: John C Earles

(Address): 2536 Garrett Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: St Matthias Cem Date: Aug 8th 1937

19. UNDERTAKER: Leo G. Lebrook

(Address): 1703 N Pratt Park Ave

20. FILED: 19 Registrar.

AUG 8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 7 1937 to Aug 7 1937

I last saw him alive on Aug 7 1937 Death is said to have occurred on the date stated above at 2-15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth (Twin)	1 day
Pneumonia	
Other contributory causes of importance: Asphyxia	1 day

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If specify

(Signed) Edmund J Cox M. D.

(Address) 413 N Washington

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38024

25307 JS

CERTIFICATE OF DEATH

E 38024

127-a

Registered No. 267

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 23 yrs. ..... mos. ..... ds.

2. FULL NAME Constantinos Nicolaou

If U. S. Veteran specify WAR .....

(a) Residence: No. 529 S. Lehigh St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen Nicolaou

6. DATE OF BIRTH (month, day, year) 5-22-1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sell

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME Nicolaou

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Marie Salvin

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Aug 9 1937

19. UNDERTAKER J. Francis Reese
(Address) Westminster Md

20. FILED ..... 19..... Registrar

AUG 8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-6 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-26 1937 to 8-6 1937

I last saw him alive on 8-6 1937. Death is said to have occurred on the date stated above, at 12.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7/30/37
Coronary thrombosis & infarction	?
Fibrinous pericarditis about	8/3/37
Other contributory causes of importance:	
Acute gastric dilatation	sudden

Was an operation performed? Yes Date of 7-28-37

For what disease or injury? Bilateral Hernia

Name of operation Bilateral Herniaplasty

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) E. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

INFORMATION, WITH EXPLANATIONS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

38025 HEALTH DEPARTMENT—CITY OF BALTIMORE 38025

CERTIFICATE OF DEATH

12-6121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St., 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 7 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Josephine B. Mercerat

If U. S. Veteran specify WAR

(a) Residence: No. 4 W. 26th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced WIFE of Francis Jules Mercerat

6. DATE OF BIRTH (month, day, year) Jan 4 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 0039

10. Date deceased last worked at this occupation (month and year) 8/3/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Frederick Benzinger

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Rose Fleckenauer

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Nathalie N. Mercerat

(Address) 4 W. 26th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 8/9 1937

19. UNDERTAKER Henry W. Mears and Son

(Address) 505 N. Calvert St

20. FILED AUG 8 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 3rd 1937 to Aug 6th 1937

I last saw her alive on Aug 6th 1937 Death is said to have occurred on the date stated above, at 4.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis (perforated)	7/27/37
Peritonitis	7/31/37
Other contributory causes of importance: Arteriosclerotic Cardio-Vascular disease	7

Was an operation performed? yes Date of 8/3/37

For what disease or injury? Appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Daniel Robinson M. D.

(Address) Mercy Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38026

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38026

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3309 Ravenwood St., 8th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Zech

If U. S. Veteran specify WAR .....

(a) Residence: No. 3309 Ravenwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theodore Zech

6. DATE OF BIRTH (month, day, year) Dec. 12 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Aigens

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Theodore Zech
(Address) 3309 Ravenwood

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug 10 19 37

19. UNDERTAKER Sullivan & Graff
(Address) 2301 Linden Ave

20. FILED ..... 19 ..... Registrar.

AUG 8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6 1937

22. I HEREBY CERTIFY, That I attended deceased from July 31 1937 to Aug 6 1937

I last saw h. alive on Aug 6 1937 Death is said to have occurred on the date stated above, at 10.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Fulminant	7 d
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. F. A. Stevens M. D.

(Address) 2878 Harford Rd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 38027

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38027

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward 22-1)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Ballman

If U. S. Veteran specify WAR .....

(a) Residence: No. 29 E. Hill St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 30, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Ballman

14. BIRTHPLACE (city or town) (State or country) Brooklyn, Md.

MOTHER

15. MAIDEN NAME Grace Brace (Grace)

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Wm. Ballman (Address) 29 E. Hill St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross AA Date Aug. 9, 1937

19. UNDERTAKER Margaret L. Flynn (Address) 142 S. Eutaw St.

20. FILED ..... 19..... ..... Registrar.

AUG 9 1937

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1937, to Aug. 7, 1937

I last saw her alive on Aug. 7, 1937 Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, left	Aug. 2
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Henry L. Rigdon M. D.

(Address) University Hospital

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38028 38028

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 E. Gittings St. 24-3 Ward) Registered No. 3/31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hattie Helmetag

If U. S. Veteran specify WAR

(a) Residence: No. 119 E. Gittings St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Frank J. Helmetag

6. DATE OF BIRTH (month, day, year) March 27. 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	3 4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1029

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hats Island, Md.

FATHER

13. NAME Napoleon Elliott

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Lucreshia Abbott

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Frank J. Helmetag
(Address) 119 E. Gittings

18. BURIAL, CREMATION, OR REMOVAL
Place Oakdale Cem. Date Aug. 10 1937

19. UNDERTAKER Margaret L. Flynn
(Address) 1422 Light St

FILED AUG 8 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) aug 7 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to Aug 7 1937

I last saw h[illegible] alive on Aug 7. 1937 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Indefinite
Other contributory causes of importance: Pneumonia	8 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. B. Campbell M. D.

(Address) 1644 Linwood Av.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38029

CERTIFICATE OF DEATH

F 38029

24-393-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1248 Battery ave St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maryann Kessler

If U. S. Veteran specify WAR .....

(a) Residence: No. 1248 Battery ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed or divorced HUSBAND of (or) WIFE of John Kessler

6. DATE OF BIRTH (month, day, year) June 18. 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John Whaltle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosetta L. Kirkwood

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Miss Rosetta Kessler

(Address) 1248 Battery ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Aug 10 37

19. UNDERTAKER Margaret A. Flynn

(Address) 1424 Light St.

FILED AUG 8 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1937, to Aug 7, 1937

I last saw her alive on Aug 7, 1937 Death is said to have occurred on the date stated above, at 3.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2 mos
	own
Other contributory causes of importance:	
Arteriosclerosis	6 mos

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. J. Whelle M. D.

(Address) 1279 Fulton Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 38030

HEALTH DEPARTMENT—CITY OF BALTIMORE

38030

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 8 Ward) 8-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John B. Norfolk — If U. S. Veteran specify WAR World war

(a) Residence: No. 1613 N. Patterson Park ave. St., 8 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or ~~WIFE~~ of) Janice E. Norfolk

6. DATE OF BIRTH (month, day, year) Aug 6-1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	—	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor 078

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit Co

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Wesley Norfolk

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Fannie C. Fox

16. BIRTHPLACE (city or town) (State or country) Frederick County Maryland

17. INFORMANT Mrs Janice E. Norfolk - wife
(Address) 1613 N. Patterson Park ave

18. BURIAL, CREMATION, OR REMOVAL Fer.
Place Baltimore Nat. Date Aug 9-37

19. UNDERTAKER F. B. Tippett & Son
(Address) 1300 Eutaw place

20. FILED AUG 8 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1937 to Aug. 6, 1937
I last saw him alive on Aug. 6, 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	8 days.
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Frank B. Stephenson M. D.
(Address) At Jas Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38031

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38031

CERTIFICATE OF DEATH

25-1 X 1141

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. Ward) 25-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Pauline Zepp

(a) Residence: No. Manchester Carroll Co. Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 22-1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manchester Md.

FATHER

13. NAME Emory Zepp

14. BIRTHPLACE (city or town) (State or country) Manchester Md.

MOTHER

15. MAIDEN NAME Blanch A Warner

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Blanch Zepp. Manchester Md
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Manchester Md Date Aug 11, 1937

19. UNDERTAKER Jacob Winks Sons Manchester, Md.
(Address)

20. FILED Aug 9 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry found that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abortion	
Self Produced	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. K. Nielsen, M. D. Coroner

(Address) 157 E. Main St. Westminster Md.

Filed Aug 9 - 1937

V 8A

INSTRUCTIONS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38032

38032 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

V 94-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 Parrish St., 19-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Estean Tuley Shammahand (If U. S. Veteran specify WAR .....)

(a) Residence: No. 515 Parrish St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida Shammahand

6. DATE OF BIRTH (month, day, year) 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanover Co. Va.

FATHER

13. NAME John Tuley Shammahand

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lilly Carter

16. BIRTHPLACE (city or town) (State or country) Hanover Va

17. INFORMANT John Shammahand (Address) 515 Parrish St. City

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 8/9 37 19

19. UNDERTAKER William E. Johnson (Address) 916 E. Fremont Ave.

20. FILED AUG 9 - 1937 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above. 7 45 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cora ulcerosa Shammahand	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Otway Carmody M. D. Coroner

(Address) 515 Parrish St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38033

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38033

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 N. Patterson Pk. Ave Ward 9-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry W. Roberson

If U. S. Veteran specify WAR

(a) Residence: No. 913 N. Patterson Pk. Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tilda Roberson

6. DATE OF BIRTH (month, day, year) Oct 29-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John W. Roberson

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Minnie Deer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Tilda Roberson

(Address) 913 N. Patterson Pk. Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Aug. 9 37

19. UNDERTAKER Philip Hennig Sons

(Address) 326 Orleans St

20. FILED AUG 9 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1936, to Aug 6, 1937

I last saw him alive on Aug 6, 1937. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension — Oct 1936	
Uremia (Chr-nephritis)	Aug 2/37
Hemiplegia Oct 1936 - July 26-1937	
Other contributory causes of importance:	
arterio-sclerosis —	Oct 1936

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? phy. exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis F. Krumen M. D.

(Address) 722 No. Kenwood Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

38034 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38034

CERTIFICATE OF DEATH 124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 N. Glover at St., 6-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Aloysius Dobe

If U. S. Veteran specify WAR

(a) Residence: No. 226 N. Glover st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Dobe

6. DATE OF BIRTH (month, day, year) Feb. 18-1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80 79	6 5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Christopher Dobe

14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT Cora Dobe
(Address) 226 N. Glover st

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date Aug 10 37

19. UNDERTAKER Philip Herwig Sons
(Address) 2010 Eutaw st

20. FILED AUG 9 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 6. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 16 1937 to Aug. 5-37. 19

I last saw h/ alive on Aug 5-37 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
Chronic nephritis	
Chronic Myocarditis	
Partial Cirhosis (non alcoholic) with ascites	
Other contributory causes of importance:	
Senility	

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Clinical

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter L Anderson M. D.

(Address) 3001 Shannon Drive

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

38035

HEALTH DEPARTMENT—CITY OF BALTIMORE

38035

CERTIFICATE OF DEATH

1. PLACE OF DEATH md General Hospital 463

CITY OF BALTIMORE: (No. ..... St., 11-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Goldie Snook

If U. S. Veteran specify WAR .....

(a) Residence: No. Ray Mor Rd Route 42 St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josiah G. Snook

6. DATE OF BIRTH (month, day, year) Sept. 11 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) June 37

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (City or town) (State or country) Md

FATHER

13. NAME Deb. Stank

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Jamie Rogers

16. BIRTHPLACE (City or town) (State or country) Md

17. INFORMANT Josiah G. Snook (Address) Keymar Md.

18. BURIAL, CREMATION, OR REMOVAL Place Lewistown Date Aug 11 1937

19. UNDERTAKER Powell & Baugher (Address) Woodsboro Md

20. FILED ..... 19 ..... Registrar

Lewistown, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-8, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-14, 1937 to 8-8, 1937

I last saw her alive on 8-8, 1937 Death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	

Other contributory causes of importance:

Was an operation performed? yes Date of 7-20-37

For what disease or injury? Ca of Stomach

Name of operation Partial Gastrectomy & Gastro Enterostomy

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. L. Ewald M. D.

(Address) Md Gen. Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 38036 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 38036

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 119 Registered No. 1872
CITY OF BALTIMORE: (No. Bay View St., 26 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. 6 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Edward Zynek
U. S. Veteran specify WAR
(a) Residence: No. 735 S. Montford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 21-1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Edward Zynek
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Annie Wisk
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Annie Zynek (Mother)
(Address) 735 S. Montford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Aug 9 1937

19. UNDERTAKER Fred W. Ordzeuski
(Address) 1730 Eastern Ave

AUG 9 - 1937 [illegible] Baltimore, Md.

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the date stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enter - Colitis	Aug. 5 1937

Other contributory causes of importance:
Accidents

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D. Coroner
(Address) 1712 N. Broadway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38037 CERTIFICATE OF DEATH 46-DF 38037

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 W. Lombard St., 18-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. 9 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Clara Leacy

If U. S. Veteran specify WAR

(a) Residence: No. 912 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 26, 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	9	12 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME John Leacy

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Mary Doyle

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr John Leacy

(Address) 912 W. Lombard St,

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 8 / 10 / 1937

19. UNDERTAKER John J. Cowan & Son

(Address) # 901 Hollins Street

20. FILED AUG 9 - 1937 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7th, 1937.

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1935 to August 7, 1937

I last saw her alive on August 7, 1937 Death is said to have occurred on the date stated above, at 8 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the rectum	1935
Other contributory causes of importance: Intestinal Obstruction	July 1937

Was an operation performed? Yes Intestinal anastomosis Date of Dec 26/1935

For what disease or injury? cancer of rectum

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Nathan Racusin, M. D.

(Address) 206 S. Gilmor St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38038

CERTIFICATE OF DEATH

94-8

F 38038

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 26-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles D. Schutz

(a) Residence: No. 4210 Powell Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence E. Schutz

6. DATE OF BIRTH (month, day, year) Nov. 24, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foreman Cloth Business

10. Date deceased last worked at this occupation (month and year) Total time (years) at in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Christopher Schutz

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Harry Schutz
(Address) 4210 Powell Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Aug. 9, 1937

19. UNDERTAKER Frederick Lazarus Son
(Address) West Baltimore St.

FILED AUG 9 1937 Huntington Avenue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 6, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F R Oeler M. D.
Coroner

(Address) 2252 W. Mun. Bldg.

V S 6

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 38039

67-5 93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3907 Pinewood Ave. St., Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Mary Brown

(a) Residence: No. 3907 Pinewood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~Female~~	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Albert Lee Brown

6. DATE OF BIRTH (month, day, year) May 8, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Stiegerwald

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna M. Ikemann

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. J. Requardt
(Address) 101 W. Overlea Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Aug. 10 1937

19. UNDERTAKER Frederick Lazenby & Son
(Address) 7401 Belair Road

AUG 9 - 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 7th 1937

22. I HEREBY CERTIFY, That I attended deceased from August 3 1937 to August 7 1937

I last saw ~~him~~ her alive on August 7 1937. Death is said to have occurred on the date stated above, at 8:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	unknown
Arteriosclerosis	unknown
Bronchopneumonia	Aug 3, '37

Other contributory causes of importance:

Senility	—

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John A Mackenzie M. D.

(Address) 6304 Belair Road

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38040

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38040

CERTIFICATE OF DEATH

451-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St. ..... Ward)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John W. H. Budesheim

If U. S. Veteran specify WAR .....

(a) Residence: No. 412 Patapsco Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Dec 9 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Brooklyn Md

FATHER

13. NAME John H Budesheim

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Louise Bedel

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs James E Anderson
(Address) 3432 Iowa St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Aug 9 1937

19. UNDERTAKER John F Denny
(Address) 515 Light St

20. FILED Aug 9 1937 Huntington, Williams, Md

Huntington, Williams, Md

AUG 9 - 1937

AUG 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-6-1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1937 to Aug 6 1937

I last saw him alive on Aug 6 1937. Death is said to have occurred on the date stated above, at 4 00 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma of the Prostate	1934
Metastases to Bladder & liver	1934

Other contributory causes of importance:

Was an operation performed? Yes Date of 1934

For what disease or injury? Removal of Bladder Substance

Name of operation Cystotomy

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify.....

(Signed) Louis J. Krol, M. D.

(Address) 1 E Mt Vernon Pl. Balto. 14 Md.

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state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38041 F 38041

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md. Gen. Hosp. 23-1 Registered No. 121

CITY OF BALTIMORE: (No. ..... St., 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William D. Bensen (BENSEN) If U. S. Veteran specify WAR .....

(a) Residence: No. 1136 Hanover St., X Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) AUGUST 3 1883

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	54		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. WATCHMAN

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ALEX. BROWN - EST

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

FATHER

13. NAME HENRY BENSEN

14. BIRTHPLACE (city or town) (State or country) MD.

MOTHER

15. MAIDEN NAME REBECCA HARRIES

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT ADELINE S. SCHOTT
(Address) 4750 PARK HEIGHTS AVE.

18. BURIAL, CREMATION, OR REMOVAL
Place MT. CARMEL CEM. Date AUG. 10 1937

19. UNDERTAKER John F. Denny
(Address) [illegible] St.

AUG 9 1937

20. FILED ..... 19 ..... Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/8 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-4 1937 to 8-8 1937

I last saw h[illegible] alive on 8-8 1937 Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis as secondary to	
a perforation	5 days

Other contributory causes of importance: Paralytic ileus.

Was an operation performed? Yes Date of 8-4-37

For what disease or injury? Appy

Name of operation appendectomy

What test confirmed diagnosis? Surg. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. Feldman, M. D.

(Address) Md. Gen. Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 38042

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38042

CERTIFICATE OF DEATH

54-F

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 1-3 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Wise

If U. S. Veteran specify WAR

(a) Residence: No. 1002 N. Patterson St., Park Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 1 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W.P.A.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Silas Wise

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Mandy Erdman

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL. Place Oaklawn Date Aug 9 1937

19. UNDERTAKER Chas. Margaret Flynn

(Address) 1422 Eaglit St.

20. FILED AUG 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1937, to Aug 5, 1937

I last saw h. alive on Aug 5, 1937 Death is said to have occurred on the date stated above, at 7:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subdural Haematoma	?

Other contributory causes of importance: (Approximate)

Increased Intracranial pressure 7-25-37

Was an operation performed? Yes Date of 7-30-37 (I) 7-31-37 (II)

For what disease or injury? Haematoma

Name of operation Left Craniotomy (I) Decompression (II)

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) William Gray Watson, M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

38043 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 38043

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Homans Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Anne Conj Bell

If U.S. Veteran specify WAR

(a) Residence: No. Prince Edward Island Cape Traverse St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	WHITE.	MARRIED.

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ephriam A. Bell

6. DATE OF BIRTH (month, day, year) July 25/1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Edward Island Cape Traverse

FATHER

13. NAME Asbury Young

14. BIRTHPLACE (city or town) (State or country) Prince Edward Island Cape Traverse

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ernal N. Bell

(Address) Patterson ave Woodlawn

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Aug- 9-37

19. UNDERTAKER John O. Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED AUG 9 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-7 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-4 . 1937 to 8-7 . 1937

I last saw her alive on 8-7 . 1937 Death is said to have occurred on the date stated above, at 12:20 A m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset 25 yrs ago 1912?

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) Frank C. Bayless M.D.

(Address) 323 Edgewood Road

NOTE—Physicians are earnestly requested to carefully supply all items. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38044

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38044

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 N Dallas St., 3/1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nelsen Griffin

If U. S. Veteran specify WAR .....

(a) Residence: No. 2428 Eutaw Pl. St., 3/1 Ward. 10

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mabel Griffin

6. DATE OF BIRTH (month, day, year) 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elizabeth N C

FATHER

13. NAME Nelson Griffin

14. BIRTHPLACE (city or town) (State or country) Elizabeth N. C

MOTHER

15. MAIDEN NAME Cigner Griffin

16. BIRTHPLACE (city or town) (State or country) Elizabeth N C

17. INFORMANT Mrs Mabel Griffin

(Address) 104 N Spring St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Aug 8th 1937

19. UNDERTAKER Elroy D Wilson

(Address) 1008 Druid Park Ave

20. FILED ..... 19 ..... Registrar

AUG 8 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5- 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Inquest~~ thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ~~Inquest~~ find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	Aug 5
Heat Exhaustion (Sunstroke)	1936
Other contributory causes of importance: Myocarditis Chronic ?	

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis Hist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George S. Allen M. D.

Coroner

(Address) 5 E Lexington St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38045

M. D. H. 1248-9

F 38045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-A

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 661 Vine St. W Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Moses Brown

(a) Residence: No. 661 Vine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ida C. Brown

6. DATE OF BIRTH (month, day, year) 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dock

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation..

12. BIRTHPLACE (city or town) Richmond, Va.
(State or country)

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) Va
(State or country)

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT Mrs. M. Morris
(Address) 661 Vine St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 8-9-37

19. UNDERTAKER George H. Nelson
(Address) 1303 Eastman St

20. FILED AUG 9 1937 Lexington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jany. 8, 1937, to Aug. 5, 1937, I last saw him alive on Aug. 4, 1937. Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis - organs of speech and arm - from Thrombosis or embolism	4 or 5 mo. ago.
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical signs and symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. F. Sherwell, M. D.

(Address) 3310 Tioga Parkway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38046 F 38046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. 1872

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Bay View St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. 7 mos. 7 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John P. Sager

If U. S. Veteran specify WAR

(a) Residence: No. 1360 Towson St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 31-1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John H. Sager

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Margaret Stabler

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Margaret S. Sager

(Address) 1360 Towson St.

18. BURIAL, CREMATION, OR REMOVAL.

Place Cedar Hill Date Aug 9, 1937

19. UNDERTAKER A. Howard Johns

(Address) 1400 N. Charles St.

20. FILED 19 Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest found that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Aug. 5-1937

Other contributory causes of importance: Failure to breath (Occlusion)

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Bond

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 9 - 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

#24045

38047

CERTIFICATE OF DEATH

1249-98 SF 38047

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alexander Harrison

(a) Residence: No. 509 N. Bethel St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances

6. DATE OF BIRTH (month, day, year) 8/5/1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	55	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Joseph Harrison

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Anna Hobbs

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 8-9 1937

19. UNDERTAKER George A. Gibson

(Address) 1251 Druid Hill Ave

AUG 9 1937 Livingston Williamson M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 6. 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1 1937 to August 6 1937.

I last saw him alive on August 6 1937. Death is said to have occurred on the date stated above, at 8:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of Leg	8-1-37
Other contributory causes of importance: Infectious Dermatitis	April 1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. L. de Lautelle M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 126-30

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38048

38048

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH 2816 O'Donnell St.

CITY OF BALTIMORE: (No. ..... St., 1-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wawrzyniec Bordeja

(a) Residence: No. 2816 O'Donnell St. (Usual place of abode) Md. St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anastazy Bordeja

6. DATE OF BIRTH (month, day, year) .....

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 30 Years Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) =

17. INFORMANT Martha Kowalski

(Address) 2814 O'donnell St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date 8/10/37

19. UNDERTAKER John J. Pinder

(Address) 2814 O'Donnell St

20. FILED AUG 9 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-7 1937

22. I HEREBY CERTIFY, That I attended deceased from August 4 1937 to August 7 1937

I last saw him alive on August 6 1937 Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrhage	8/4/37
Other contributory causes of importance:	
Chronic Malnutrition	Unknown
Hypertension	Unknown

Name of operation None Date of .....

What test confirmed diagnosis? Phys. Ex. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. A. Rosenblatt M. D.

(Address) 2818 O'Donnell St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38049

F 38049 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25168 349-453

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth, yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Robinson

(a) Residence: No. 710 Edmondson Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Robinson

6. DATE OF BIRTH (month, day, year) 11-21-1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chambersburg, Pa.

FATHER

13. NAME Wm. Wright

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ann Sears.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER Herman B. Crusby
(Address) 818 Druid Hill Ave.

20. FILED 19 Registrar.

AUG 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 21 1937 to August 7 1937

I last saw her alive on August 7. 1937. Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	April 1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. de Lamater M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38050 — CERTIFICATE OF DEATH — F 38050

Registered No. 97-44 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5418 Belair Road St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Henry Wilson

(a) Residence: No. 5418 Belair Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Wilson

6. DATE OF BIRTH (month, day, year) Sep't. 12 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME John W. Wilson

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

MOTHER

15. MAIDEN NAME Rebecca McElwee

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Elizabeth Wilson
(Address) 5418 Belair Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 8/10/37 19

19. UNDERTAKER Leonard G. Buck
(Address) 5302 Harford Rd.

AUG 9 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7, 1937. 19

22. I HEREBY CERTIFY, That I attended deceased from June 19 ....., 19 37. to August 7 ....., 19 37.

I last saw h... alive on August 6 ....., 19 37. Death is said to have occurred on the date stated above, at ..... p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Coronary thrombosis	1917
(b) Chronic nephritis	
Other contributory causes of importance: Endocarditis	1917

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Wm. H. Wilson M. D.

(Address) 5402 Belair Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38051

CERTIFICATE OF DEATH

47-B F 38051

1. PLACE OF DEATH St. Agnes' Hospital, 2-0-2 Registered No.

CITY OF BALTIMORE: (No. Nelson & Caton Aves. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where deceased yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline Rosalina Sebold (nee Heyer) If U. S. Veteran specify WAR

(a) Residence: No. 622 S. Monroe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Sebold

6. DATE OF BIRTH (month, day, year) Feb 4th 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Mr. Henry Sebold

(Address) 622 S. Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 8/10/37

19. UNDERTAKER Geo. Weber & Son

(Address) 2503 Edmondson Ave

20. FILED AUG 9 - 1937 H. Livingston Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-7-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-16-1937 to 8-7-1937

I last saw her alive on 8-7-1937 Death is said to have occurred on the date stated above, at 7:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung with metastasis	1-2-37
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Lawrence J. Stonimanek M. D.

(Address) St. Agnes Hospital

INSTRUCTIONS: Fill in all items, using ink or typewriter. Write plainly. Be sure that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38052

CERTIFICATE OF DEATH

1210 F 38052

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Maryland General Hospital (If not in hospital give street and number)

CITY OF BALTIMORE: (No. 114 St. Ward)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

(If U. S. Veteran specify WAR)

2. FULL NAME Mary A. McCullough

(a) Residence: No. Woodbourne Ave Balto County St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. McCullough

6. DATE OF BIRTH (month, day, year) May 15, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland

FATHER

13. NAME George Gouck

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Edna Kitchen (Address) Woodbourne Md.

18. BURIAL, CREMATION, OR REMOVAL Place Middletown Balto Co. Date Aug. 10 1937

19. UNDERTAKER E. Leroy Stiller Inc. (Address) 2552 North Ave.

FILED AUG 9 - 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/7-37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

(Accident) suicide, or homicide? Accident Date of injury 8/7 1937.

Where did injury occur? Whitehall Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner Struck by auto while walking on Road

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert Hinkley M. D.
Coroner

(Address) 607 N. Charles St.

V 56

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-II 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38053

CERTIFICATE OF DEATH

23 F 38053

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 E. Lanvale St. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. 6 mos. ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine E. Smith

(a) Residence: No. 424 E. Lanvale St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 7 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

13. NAME Mrs. Wm. H. Smith

14. BIRTHPLACE (city or town) (State or country) Balt. Md.

15. MAIDEN NAME Margaret Holzschuh

16. BIRTHPLACE (city or town) (State or country) Balt. Md.

17. INFORMANT Mother
(Address) 4243 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Oakleigh Date 8/19 1937.

19. UNDERTAKER Richard F. Cleary F. Dunn
(Address) 760 E. Baltimore St.

20. FILED AUG 19 1937 Harrington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH (month, day, year) Aug 7. 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1935 to Aug 7. 1937

I last saw her alive on Aug 7. 1937 death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Infiltrating Tuberculosis	1935
Anemia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Harry S. Bernstein M.D.

(Address) 3209 Eastern Ave

Information should be carefully supplied. All questions should be fully answered. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 38054

CERTIFICATE OF DEATH

31 F 38054

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 1727-17 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ellen Brager

(a) Residence: No. 2828 W. Chelsea Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frankel

6. DATE OF BIRTH (month, day, year) March 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Leon Chulkoff

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esther Levin

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 8-9-37

19. UNDERTAKER James Lowe Bentley
(Address) 1739 E. Baltimore St.

20. FILED AUG 9 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1937 to Aug 9, 1937

I last saw h[illegible] alive on Aug 9, 1937 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	
Uremia	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? NPN Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Mitchell Grafnick M. D.

(Address) Johns Hopkins Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SHEA

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38055 — CERTIFICATE OF DEATH — 6-3 — 467 F 38055

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 435 N. Broadway St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

2. FULL NAME Shia Rachlis

If U. S. Veteran specify WAR .....

(a) Residence: No. 435 N. Broadway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Esther

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loraine Date 8-9-37

19. UNDERTAKER Jack Levy Inc.
(Address) 1715 E. Baltimore St

20. FILED AUG 9 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-9-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/2, 19..., to 8/7, 1937

I last saw h[illegible] alive on 8/7, 1937 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma rectum	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Physical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) A. S. Hornstein, M. D.

(Address) 733 Lexington St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 F 38056

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3406 Walbrook avenue St. 15-6 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME MAY McDERMOTT SHEA

(a) Residence: No. 3406 Walbrook Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced, WIFE (or) HUSBAND of James W. Shea

6. DATE OF BIRTH (month, day, year) March 4, 1864

7. AGE: Years 73; Months 5; Days 2; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland

FATHER

13. NAME Owen McDermott

14. BIRTHPLACE (city or town) Ireland (State or country)

MOTHER

15. MAIDEN NAME Mary Sheehan

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Family (Address) 3406 Walbrook Avenue

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cemetery Date Aug. 10, 1937

19. UNDERTAKER (Address) 118 W. Mt. Royal Ave

Registered Aug 9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 18 1936, to Aug 6 1937. Death is said to have occurred on the date stated above, at 9:55 P.m.

I last saw her alive on Aug 6 1937

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Carcinoma Metastasis	1936?
Pulmonary Embolism	1937?
Edema	2 wks

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Type Was there an autopsy? No

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. M. C. Carlson M. D.

(Address) 114 E. Lanvale St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 9 1937

M. D. P. 1268-9

F 38057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

F 38057

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 Cator Ave St., 9-1 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura J. Gosneider

(a) Residence: No. 703 Cator Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color: White | 5. Single, Married, Widowed, Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: A. W. Gosneider

6. DATE OF BIRTH (month, day, year): Aug 6 - 1850

7. AGE: Years 87 | Months — | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pa.

FATHER

13. NAME: Henry L. Fisher

14. BIRTHPLACE (city or town) (State or country): Pa.

MOTHER

15. MAIDEN NAME: Sarah Coldsmith

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT: Lila J. Bates
(Address) 703 Cator Ave

18. BURIAL, CREMATION, OR REMOVAL: Druid Ridge Cem Aug 9 37
Place Date

19. UNDERTAKER: Chas. R. Grady & Son
(Address) 118 W. Mt. Royal Ave

AUG 9 - 1937

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 7 - 1937

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1937 to Aug. 7, 1937

I last saw her alive on Aug. 6, 1937 Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	—

Other contributory causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lloyd C. Taylor M. D.

(Address) 3957 York Road.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38058

CERTIFICATE OF DEATH

46-E F 38058

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2330 Eutaw Place St. Ward) 13-23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Fred A. Clement

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2330 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, divorced~~ HUSBAND of ~~last Wife of~~ Helen N. Clement

6. DATE OF BIRTH (month, day, year) Mar 18th 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) New Hampshire

FATHER

13. NAME Fred A. Clement

14. BIRTHPLACE (city or town) (State or country) N. H.

MOTHER

15. MAIDEN NAME Henrietta (Unknown)

16. BIRTHPLACE (city or town) (State or country) N. H.

17. INFORMANT Helen N. Clement
(Address) 2330 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Place St. Matthews Date Aug 10th 1937

19. UNDERTAKER William Cook
(Address) 1217 St. Paul st

20. [illegible] [illegible] Filed

AUG 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8th, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 2nd 1937, to Aug 8 1937

I last saw him alive on Aug 8 1937 Death is said to have occurred on the date stated above, 10th P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	1935
Cancer of Gal Bladder	1937
Cancer of Liver	1937

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph J Nuckols M. D.
(Address) 2419 Reisterstown Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38059

CERTIFICATE OF DEATH

45-a F 38059

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3719 Marmon Ave St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Henry Mohl

(a) Residence: No. 3719 Marmon Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: White Male

4. Color or Race

5. If Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Amalia Mohl

6. DATE OF BIRTH (month, day, year): July 12 1854

7. AGE: Years 83 | Months 0 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Office

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Transportation

10. Date deceased last worked at this occupation (month, year): 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Louis Mohl

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Augusta Wirt

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Edith L Mohl

(Address) 3719 Marmon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: Aug 10th 1937

19. UNDERTAKER: William Cook

(Address) 1217 St Paul Street

Huntington Williams, Registrar

20. FILED AUG 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1937, to Aug 8, 1937

I last saw h[illegible] alive on Aug 1, 1937 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

Epithelioma of Lip & Mouth — Date of onset

Other contributory causes of importance:

Was an operation performed? X Ray Date of Marine Hosp.

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chester J Mills M. D.

(Address) 5216 Park Heights Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38060

CERTIFICATE OF DEATH

37-1137

F 38060

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4113 Gruton Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Frederick Thomas

If U. S. Vet specify WAR No Record

(a) Residence: No. 4113 Gruton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or ~~WIFE~~ of) Louise Ellen Thomas

6. DATE OF BIRTH (month, day, year) April 12th 1842

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
95	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown Md

FATHER

13. NAME Frederick Thomas

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Chas. S. Thomas

(Address) 4626 Kawson Ave

18. BURIAL, CREMATION, OR REMOVAL Place Rose Hill-Hagerstown Md Date Aug 10th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Aug 9 - 1937 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7th, 1937

22. I HEREBY CERTIFY, That I attended deceased from July. 10 1937 to Aug. 2 1937

I last saw him alive on Aug. 7. 1937 Death is said to have occurred on the date stated above, at 12th P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	Unknown
Old Age. Enlarged Prostate. Acute retention	1937

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert C. Blake, M. D.

(Address) Med. Arts Bldg.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38061 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 122B

CERTIFICATE OF DEATH

149-a F 38061

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital for Women of Maryland Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Dorothy Hill

If U.S. Veteran specify WAR .....

(a) Residence: No. 6310 York Road St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed~~, or ~~divorced~~ HUSBAND (WIFE OF) William B Hill

6. DATE OF BIRTH (month, day, year) Oct 3 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Husband

(Address) 6310 York Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 8-10 1937

19. UNDERTAKER Phillips Bros

(Address) 2400 Eutaw

20. Filed AUG 10 1937 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1937 to August 8, 1937

I last saw her alive on August 8, 1937 Death is said to have occurred on the date stated above, at 7:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post-operative hernia of incision, with attempted re-suturing.	Aug 8, 37

Other contributory causes of importance:

Paralytic ileus	Aug 7 '37
Bronchitis, chronic	
Chronic Cellulitis	

Was an operation performed? Yes. Date of Aug. 8, 1937

For what disease or injury? Hernia

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W. P. Sellers, M. D.

(Address) Woman's Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38062

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38062

CERTIFICATE OF DEATH

Registered No. 6615 59

1. PLACE OF DEATH St Joseph's Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Caroline e Oliver St., S Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Anna Gipe

(a) Residence: No. 417 North Ellwood Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George Albert Gipe

6. DATE OF BIRTH (month, day, year): Dec 11 1871

7. AGE — Years: 65 | Months: 8 | Days: 28 | If LESS than 1 day, ... hrs. or ... mio.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: George Geun
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Christina Armbruster
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: R Forman Gipe
(Address) 417 N. Ellwood ave

18. BURIAL, CREMATION, OR REMOVAL: Baltimore cemetery Date 8/11 37

19. UNDERTAKER: Chas. H. Black
(Address) 742 W. Fayette ave

20. FILED ... 19... Registrar.

AUG 9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/8 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-1-37, 19..., to 8-8, 1937

I last saw her alive on 8-8. 1937 Death is said to have occurred on the date stated above, at 4 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of abdominal wall.	7/31

Other contributory causes of importance:

Diabetes Mellitus	
Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Lewis K. Stephenson M. D.
(Address) St Joseph Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38063

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38063

CERTIFICATE OF DEATH

46-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1735 Lancaster St., 7 Ward) 3 6

Length of residence in city or town where death occurred 36 yrs. .. mos. .. ds. How long in U. S. If of foreign birth: 36 yrs. .. mos. .. ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Mary Rosnicka

(a) Residence: No. 1735 Lancaster St., .. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced (or) WIFE of Stanislaus Rosnieski

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE: Years 98 | Months 0 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Joseph Rosnicka
(Address) 25 N. Rose St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date 8/10 1937

19. UNDERTAKER William Gierszewski
(Address)

20. FILED Huntington Williams Registrar.
AUG 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7th 1937

22. I HEREBY CERTIFY, That I attended deceased from June 22 1937 to Aug 7th 1937

I last saw her alive on Aug 5th 1937 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	??
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Angelo Robertazzi M. D.

(Address) 24 S Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38064

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38064

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Goodman #2373

(a) Residence: No. 46 E. Churchill Street St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie

6. DATE OF BIRTH (month, day, year) June 2nd, 1899

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	38	2	no	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Isaac

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Isabel Donald

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

UNIVERSITY MEDICAL SCHOOL AUG 9 - 1937

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

FILED AUG 9 - 1937 Huntington Wilkinson, M.D.

Registrar.

3410

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2nd, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 25th, 1937 to August 2nd, 1937

I last saw him alive on Aug. 2nd, 1937 Death is said to have occurred on the date stated above, at 10a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Feb. 1937
Other contributory causes of importance: Tuberculosis of Larynx	Feb. 1937

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Bacteriological X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —

(Signed) L. M. Curtis M. D.

(Address) Baltimore City Hosp.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

38065 HEALTH DEPARTMENT—CITY OF BALTIMORE 38065

CERTIFICATE OF DEATH 25083 JS

Registered No. 340-953

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 2612 X Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Manuel Canada

(a) Residence: No. 811 Bunnett St. Havre De. Grace Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-11-1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grooms Houses

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ark.

FATHER

13. NAME Louis

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Elmira ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. A. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
UNIVERSITY MEDICAL SCHOOL AUG 7 - 1937 19

19. UNDERTAKER Commissioner of Health
(Address)
Per H. A. Moore

20. FILED AUG 9 - 1937 E. Lyle Wilson, Registrar.

3414

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1937 to August 2, 1937

I last saw him alive on August 2, 1937 Death is said to have occurred on the date stated above, at 2:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7-31-37

Other contributory causes of importance:

Hypertensive heart disease	April 1937
Cerebral hemorrhage	July 1937

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) H. A. De Sanctis M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38066

HEALTH DEPARTMENT—CITY OF BALTIMORE

38066

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William F. Beck

(a) Residence: No. 2244 Booth St St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ of Mrs. Josephine Beck

6. DATE OF BIRTH (month, day, year) 7/24/76

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	61	—	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oil Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Beck

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Caroline Goodwater

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Josephine A. Beck
(Address) 2244 Booth St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug. 10. 1937

19. UNDERTAKER George L. Lapsnat
(Address) 2101 Eutaw ave.

20. FILED 19 Registrar

AUG 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 8 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/17 1937 to 8/8 1937

I last saw him alive on Aug 8, 1937 Death is said to have occurred on the date stated above, at 5:30 P.M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	
Brain Tumor	1931
Hypertrophy of Colon	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas B. Marsh M. D.

(Address) Bon Secours Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 38067

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38067

CERTIFICATE OF DEATH

21146 Ef 349-953

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Wells

If U. S. Veteran specify WAR .....

(a) Residence: No. 1000 Davis Street St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ~~1853~~ 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Richard Wells

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Grace Hamilton

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cem Date Aug 11 1937

19. UNDERTAKER Robert Williams

(Address) 1515 McElroy St

20. FILED Aug 9 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 16, 1937 to August 5, 1937

I last saw him alive on August 5, 1937 Death is said to have occurred on the date stated above, at 11:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Feb. 1937
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Lautalle M. D.

(Address) Baltimore City Hospitals

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

38068 ✓ E 38068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38068 / 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1832 N. Broadway St., 9/3 Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Cornelia Williams Snow,

(a) Residence: No. 1832 N. Broadway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Snow,

6. DATE OF BIRTH (month, day, year) February 1. 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Jacob Williams.

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Mary Elizabeth Mitchell,

16. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

17. INFORMANT Miss Ellen F Snow
(Address) 1832 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date AUG 11 1937

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave.

20. DATE RECEIVED 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 8 1937

22. I HEREBY CERTIFY, That I attended deceased from July 31 1937 to August 8 1937

I last saw her alive on August 8 1937. Death is said to have occurred on the date stated above, at 6.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Bronchio-pneumonia	1-24-37
Cerebral hemorrhage Apoplectic	8-6-37
Uremia	8-8-37

Other contributory causes of importance:

Bronchial asthma

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) [illegible] Barnard M. D.

(Address) 103 E. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 38069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 38069

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William F. Ethem

(a) Residence: No. 5709 Fairoaks Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances E Ethem

6. DATE OF BIRTH (month, day, year) March 3 - 1885

7. AGE Years	Months	Days	If LESS than 1 day..... hrs. or min.
52	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. 4086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture

10. Date deceased last worked at this occupation (month and year) Today

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME ? ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME ? ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Frances E Ethem
(Address) 5709 Fairoaks Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 8/10 1937

19. UNDERTAKER Leonard A Opel
(Address) 530 Hartford Ave

20. FILED 19 ..... Registrar

AUG 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puncture Wound of abdomen	

Other contributory causes of importance Cardiac Failure Pernicious

Was an operation performed? Yes Date of 8/6/37

For what disease or injury? Puncture Wound Abdomen

Name of operation Exploratory Date of 8/6/37

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/6/37

Where did injury occur? Bread & Mar Bel & E. Balto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Yesterday

Manner of injury Piece of wood penetrated Abdomen

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Harry Weinberg, M. D.
Coroner

(Address) 1702 E. Monument Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 38070

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General Hospital) 24-3

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ester Brooks

If U. S. Veteran specify WAR .....

(a) Residence: No. Furnice Branch A.A.Co. Md., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 27, 1927

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Herman Brooks

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Merchia Williams

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Reverdy Williams
(Address) Furnice Branch

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Aug 10 1937

19. UNDERTAKER James A Sayes
(Address) 1152 Wolfe St

20. FILED ... 1937

G 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquiry died that said deceased came
(Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Electrocution	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Accident Date of injury Aug. 7, 1937

Where did injury occur? Furnice Branch
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Home

Manner of injury Struck by Lighting

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. H. Braham M. D.

(Address) 2757 W. North Ave Baltimore

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38071

CERTIFICATE OF DEATH

11-B F 38071

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 12-2 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lif yrs.) mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Fred Howard Flounders 3rd

(a) Residence: No. Mc Donough School, St., Ward. Mc Donough, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 8, 1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Fred H. Flounders Jr.

14. BIRTHPLACE (city or town) (State or country) Ridgely Md.

MOTHER

15. MAIDEN NAME Margaret E. Vordenbergh

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Fred H. Flounders Jr.
(Address) Mc Donough, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Forrest Ridge Date 8/10/37

19. UNDERTAKER Isaac H. Mitchell
(Address) 401 Edmondson Ave

20. FILED Huntington Baltimore, Md. Registrar.

AUG 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1937 to Aug. 8, 1937.

I last saw h.i.m alive on Aug. 8, 1937. Death is said to have occurred on the date stated above, at 10 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema of Left Sphenoid and Ethmoid Sinuses	7/31/37
Influenzal Meningitis	8/1/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Lumbar Puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Sidney Selman M. D.

(Address) Union Memorial Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38072 CERTIFICATE OF DEATH X ✓ 44-cF 38072

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-1 Ward)

Length of residence in city or town where death occurred? 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carl W. Rehling

(a) Residence: No. 120 S. Rolling Rd. Catonsville, Maryland. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred E. Rehling

6. DATE OF BIRTH (month, day, year) Aug. 5, 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45		02	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 914

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Henry Rehling

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara M. Rehling

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mildred E. Rehling

(Address) 120 S. Rolling Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 8/10/37

19. UNDERTAKER Harry A. Wirtz & Son

(Address) 410 Edmondson Ave.

20. Filed AUG 10 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/5, 1937 to 8/7, 1937

I last saw h.. alive on 8/7, 1937 Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

Rocky Mountain Spotted Fever — Date of onset July 27

Other contributory causes of importance:

Anemia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clin Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis G. Dicking, M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 38073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 49-aF 38073

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel Patterson (Mrs. Frank F.)

If U. S. Veteran specify WAR

(a) Residence: No. Charles apts. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	Widow

5a. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND of~~ (or) WIFE of Late Frank F. Patterson

6. DATE OF BIRTH (month, day, year) Aug 7 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md

FATHER

13. NAME Samuel F. Thomas

14. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER

15. MAIDEN NAME Anne L. Thomas

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Hospital Record (Address) 32nd St & Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 10 1937

19. UNDERTAKER H. Jenkins & Co. (Address) Eutaw & McCulloh Sts

20. FILED AUG 10 1937 ~~H. Eyton~~ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 29, 1937 to Aug 9 1937

I last saw her alive on Aug 8 1937. Death is said to have occurred on the date stated above, at 12 07 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis of abdominal cavity, from ovary, right	Dec. 1935

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney Selman M. D.

(Address) Union Memorial Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38074 CERTIFICATE OF DEATH 95-8 F 38074

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3201 Ingleside Ave St., 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louisa Elizabeth Hanson

(a) Residence: No. 3201 Ingleside Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Hanson

6. DATE OF BIRTH (month, day, year): July 30, 1847

7. AGE: Years 90 | Months 0 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hanover Penna

FATHER

13. NAME: Vincent C S Eckert

14. BIRTHPLACE (city or town) (State or country): Hanover Penna

MOTHER

15. MAIDEN NAME: Henrietta L Fette

16. BIRTHPLACE (city or town) (State or country): Hanover Pa

17. INFORMANT: Miss Louella B Bowles

(Address) 3201 Ingleside Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place: Greenmount Cem Date: Aug 11, 1937

19. UNDERTAKER: Gilbert L Nitz Jr

(Address) Lake & Charles Sts

AUG 11 1937 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from January, 1937 to Aug 9, 1937

I last saw her alive on Aug 8, 1937. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Senility — Date of onset

Arteriosclerotic Cardiovascular disease

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Jenner, M. D.

8/9/37 (Address) 101 W. Read St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

LOMAX

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38075 F 38075

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1011 Watson St. (Ward) 3-2

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Hannah Lemart

(a) Residence: No. 1011 Watson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Lemart

6. DATE OF BIRTH (month, day, year) Aug 1-1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unk

14. BIRTHPLACE (city or town) (State or country) Unk

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT Ira Woods

(Address) 211 East St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Cem. Date 8-10-37

19. UNDERTAKER Bryson Thomas & Wright

(Address) 1201 E. Lexington St

Huntington Williams 1937

Registrar

AUG 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Aug 8 1937

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) George L. Allen Coroner, M. D.

(Address) 507 Cresgumtheir St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT--CITY OF BALTIMORE

F 38076

CERTIFICATE OF DEATH

1937 F 38076

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Belair Market & McElderry St Ward) 5-1

Length of residence in city or town where death occurred ..... yrs. ..... mos. 20 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Stevensen

If U. S. Veteran specify WAR .....

(a) Residence: No. 1209 Edythe St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl Stevensen

6. DATE OF BIRTH (month, day, year) May 1-1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mutual Chemical Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jessup Md

FATHER

13. NAME George Stevensen

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizer Leads

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Pearl Stevensen

(Address) 1209 Edythe St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 8-10 1937

19. UNDERTAKER By order of Samuel H. Knight

(Address) 1210 McElderry St

20. FILED Huntington Pitts

AUG 10 1937

Vs 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Heat Exhaustion (Sunstroke) — Date of onset Aug 7 1937

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George S. Allen, M. D.

(Address) 50 Fayette St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38077 131 ✓ F 38077

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 6318 Hudson ST. 26-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Pauline Schmitzhaus

(a) RESIDENCE NO. 6318 Hudson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth 53 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick W. Schmitzhaus

6 DATE OF BIRTH (month, day, and year) July 25 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74		14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Ferdinand Hines

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Hines

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Herman Schmitzhaus

(Address) 6318 Hudson St

Filed ....., 19 .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8th 1937

17 I HEREBY CERTIFY, That I attended deceased from July 23, 1937, to Aug 7th, 1937, that I last saw h[illegible] alive on Aug 7, 1937 and that death occurred, on the date stated above, at 4.15A.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) William Dew, M. D.

, 19 (Address) 1701 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Evangelical Cem.	8/11 1937
20 UNDERTAKER	ADDRESS
George W. Zirkler	1737 E. Eager St

Huntington Ave

important. See instructions on back of certificates.

F 38078 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. F 38078

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1130 W. Lanvale St.) (Ward) 17-2

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary W. Covington

(a) Residence: No. 1130 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	W.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas Covington

6. DATE OF BIRTH (month, day, year) Unk

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Essex Co. Va.

FATHER

13. NAME Unk

14. BIRTHPLACE (city or town) (State or country) Unk

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT Clarence Covington

(Address) 1130 Wilmer St Unk

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Aug 10, 1932

19. UNDERTAKER Mrs. Katie R. Wellington

(Address) 322 N. Schroeder St.

20. FILED ... 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/7, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/22, 1932, to 8/7, 1932.

I last saw h[illegible] alive on 8/7, 1932. Death is said to have occurred on the date stated above, at 6:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Epithelioma	
Jaundice	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Ben R. Lytle M. D.

(Address) 24 W. Pk

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

Dr. K. Paul Wheeler, M.D.

38079 38079

CERTIFICATE OF DEATH

V 95-8

1. PLACE OF DEATH Church Home Infirmary

CITY OF BALTIMORE: (No. 1 St., 12-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. William C. Rath

(a) Residence: No. 776 E. 25th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Rath

6. DATE OF BIRTH (month, day, year) Jan. 17-1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME Wm. J. Rath

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Regina Daub

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Viola Rath

(Address) 446 E. 28th St.

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cem. Date Aug 10-37

19. UNDERTAKER William H. Valentine

(Address) 2326 Eutaw St.

20. FILED Aug 10 1937 Registrar.

Dr. Wheeler, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/7/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 5/7/37, 4 00 PM, . 19 . to 5/7/37, 4 35 PM, 19

I last saw him alive on 5/7/37 . 19 . Death is said to have occurred on the date stated above, at 4 35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular disease	2 yrs
Acute cardiac failure	1 wk

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wesley J. Kretz M. D.

(Address) Church Home & Inf.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38080 38080

CERTIFICATE OF DEATH

Registered No. 16-3 177

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 Nth Bruce St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME ELIZA DICKENS (DIGGINS)

(a) Residence: No. 620 Nth BRUCE St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	COL	WIDOWED

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ST. MARYS County MD

FATHER

13. NAME JAMES MILBURN

14. BIRTHPLACE (city or town) (State or country) ST. MARYS Co MD

MOTHER

15. MAIDEN NAME LUCINDA FENWICK

16. BIRTHPLACE (city or town) (State or country) ST. MARYS Co MD

17. INFORMANT CHARLES MILBURN
(Address) 624 Nth BRUCE ST

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 8/11 19 37

19. UNDERTAKER Williams & Jackson
(Address) 916 Penna Ave

20. FILED 8 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/6 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/6 1937 to 8/6 1937

I last saw h alive on 8/6 1937 Death is said to have occurred on the date stated above, at 4:49 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Ptomaine Poison	8/1/37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) 536 W. Lanvale St.

State CAUSE OF DEATH in plain terms. So that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 38081 3 6 HEALTH DEPARTMENT—CITY OF BALTIMORE F 38081

5328

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 12-L Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Brown

If U. S. Veteran specify WAR .....

(a) Residence: No. 414 E- 21 22 St., St— Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/22/37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6 wks	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wilson Brown
Md—

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Josephine Rothstein
Md—

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records—
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross H.A.Cy. Date Aug 10 1937

19. UNDERTAKER Geo M. Troxell Son
(Address) 811 N Howard

..... 19..... Registrar.

G. 17 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 1937 to Aug 9 1937

I last saw him alive on Aug 9 1937 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary dysentery	7-20-37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. C. Stiles Jr. M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38082

CERTIFICATE OF DEATH

131 F 38082

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq Hospital ST. 24-2 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Edna Wedemeyer

(a) RESIDENCE NO. 426 E. Fort Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gustav Wedemeyer

6 DATE OF BIRTH (month, day, and year) Sept 28 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER John Pfetzer

11 BIRTHPLACE OF FATHER (city or town) Balto, Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Kahl

13 BIRTHPLACE OF MOTHER (city or town) Balto, Md
(State or country)

14 Informant Gustav Wedemeyer

(Address) 436 E. Fort ave.

15 [illegible] Huntington [illegible]
Registrar

[illegible] 1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-9-37.

17 I HEREBY CERTIFY, That I attended deceased from July 27-37, 19..., to Aug 9-37, 19..., that I last saw h.. alive on Aug 9-37, 19..., and that death occurred, on the date stated above, at 12:15 p. m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal Hypertension Disease

Uraemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Nathan Wolf M. D.

, 19 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cem.

DATE OF BURIAL Aug. 11 1937

20 UNDERTAKER Margaret H. Flynn

ADDRESS 1422 Light St

important. See instructions on back of certificates.

38083 E 38083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals St. 26-12 Ward 7-10-9 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR. None

2. FULL NAME Harry Libkey

(a) Residence: No. 7 Popular Ave - Essex Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Libkey 1877

6. DATE OF BIRTH (month, day, year) Aug 14 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Large

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Libkey

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bopnes (Unknown)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) William Libkey Poplar Ave Essex Md

18. BURIAL, CREMATION, OR REMOVAL Place St Matthews Cemetery Date Aug 11 1937

19. UNDERTAKER William Cook (Address) 1217 St Paul Street

20. FILED Aug 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spontaneous Amputation Rt Arm (Traumatic)	
Secondary Hemorrhage	
Shock	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, Suicide, or Homicide? Acc Date of injury 8-8 1937
Where did injury occur? Gorman Ave Rt near Dundalk
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street
Manner of injury While walking along
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Luke Bosley Coroner M. D.
(Address) 987 McHenry St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Enter statement of OCCUPATION is very important. See instructions on back of certificate.

E 38084

38084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Western Police Station St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elmer V. Reinsnider

(a) Residence: No. 759 W. Fayette St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

4. DATE OF BIRTH (month, day, year) Feb. 3, 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O Shops

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorsey Md.

FATHER

13. NAME Ed. Reinsnider

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna E. Dorsey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Ester Dagon

(Address) Dorsey, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Date 8/11 19 37

19. UNDERTAKER

(Address)

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 8, 1937 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Cervical Vertebra	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Aug. 8, 1937 19 Injury occurred

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Police Station

Manner of injury Hung self with belt

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) 3757 N. Front St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 10 1937

38085

HEALTH DEPARTMENT—CITY OF BALTIMORE

38085

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 East 20th St. 12-4 Ward) Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mettie Marie Harner

If U. S. Veteran specify WAR

(a) Residence: No. 400 East 20th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. COLOR OR RACE: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard L. Harner

6. DATE OF BIRTH (month, day, year) Aug 25. 1889

7. AGE: Years 47 | Months 11 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles J Lundberg

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Eliza J. Bear

16. BIRTHPLACE (City or town) (State or country) Springfield Ills

17. INFORMANT (Address) Lillian M. Walck 937 Forrest St

18. BURIAL, CREMATION, OR REMOVAL Cathedral Aug 11 37

19. UNDERTAKER William Cook (Address) 1217 St Paul Street

20. FILED Aug 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1937 to Aug 9 1937

I last saw her alive on Aug 8 1937 Death is said to have occurred on the date stated above, at 1300 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
Hypertension	?
Other contributory causes of importance Catarrhal Jaundice	Aug 1937

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P E Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph S. Blum M. D.

(Address) 1206 E. Preston St.

OCCUPATION is very important. See instructions on back of certificate.

F 38086

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38086

CERTIFICATE OF DEATH

34-94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 13th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Nutt

If U. S. Veteran specify WAR .....

(a) Residence: No. 730 Bruce St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Annie Nutt

6. DATE OF BIRTH (month, day, year) Mar. 15, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, unskilled

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 20

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Northumberland Co Va

FATHER

13. NAME Unk.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Annie Nutt

(Address) 730 Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Aug 11 1937

19. UNDERTAKER George R Kelso

(Address) 1303 Eastman St

20. FILED Aug 10 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8. 7. 1937

22. I HEREBY CERTIFY, That I attended deceased from 8. 4. 1937 to 8. 7. 1937

I last saw him alive on 8. 7. 1937 Death is said to have occurred on the date stated above, at 11:56 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary embolism	8-4-37
Other contributory causes of importance: None	none

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) James D. Carr M. D.

(Address) 515 Herbert St

STATISTICS OF DEATH is plain terms so that it may be properly OCCUPATION is very important. See instructions on back of certificate.

✓ F 38087

F 38087 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 Mosher St., 16-7 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margarete J Butler

If U. S. Veteran specify WAR .....

(a) Residence: No. 1513 Mosher St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Butler

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Mrs Mary A Spencer

(Address) 1614 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Aug-11 1937

19. UNDERTAKER George A. Adam

(Address) 1303 Frederick St

Filed AUG 10 1937 Register

V 5 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held ..... (Inquest, Autopsy or Inquiry) thereon and (from the evidence obtained by ..... (Inquest, Autopsy or Inquiry)) find that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardio-Renal Vascular Disease	July 1 1937

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) George A. Adam M. D.

(Address) 50 S Eutaw St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 38088

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38088

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Dumas St. 14-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Brooks

If U. S. Veteran specify WAR

(a) Residence: No. 704 Eye St. Sparrows Point, Ward, Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel Brooks

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME John Brooks

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lettie ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Rachel Brooks

(Address) Sparrows Point 704 Eye St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date July 12 1937

19. UNDERTAKER Lemuel W. Chase & Son

(Address) 638 N. Gilmor

20. Filed ..... 19..... Registrar

G 10 1937

V0 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-8-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-22 1937 to 8-8 1937

I last saw him alive on 8-8 1937 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Chronic Nephritis	
Hypertrophied Prostate	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 7-29

For what disease or injury? Acute Retention

Name of operation Supra Pubic Cystotomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

..... If so, specify .....

(Signed) H. Davidson M. D.

(Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate.

38089 F 38089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1322 Smithson St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Chloe Lucile Johnson

(a) Residence: No. 1322 Smithson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Johnson

6. DATE OF BIRTH (month, day, year) Oct 15, 1912.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	—	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) April 37

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Northumberland Co. Va.

FATHER

13. NAME Wm Bass

14. BIRTHPLACE (city or town) (State or country) Northumberland Co. Va

MOTHER

15. MAIDEN NAME Hanna Tolson

16. BIRTHPLACE (city or town) (State or country) Northumberland Co Va

17. INFORMANT Louis Johnson

(Address) 1709 W. Lanvale St.

18. BURIAL, CREMATION OR REMOVAL Co VA

Place Northumberland Co VA Date Aug 10th 1937

19. UNDERTAKER Robert O. Wilson

(Address) 1600 Pennsylvania Ave

Registrar

D 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-8-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-22, 1937, to 8-8, 1937

I last saw her alive on 8-7, 1937 Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset unknown 1937

Other contributory causes of importance: Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Frank A Saunders M. D.

(Address) 1029 N. Stricker St.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

38090 ✓ F 38090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4403 Erdrill Ave St., 28-1 Ward) 46-B

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 11 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Catherine Sheaen
If U. S. Veteran specify WAR

(a) Residence: No. 4403 Erdrill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank L. Sheaen

6. DATE OF BIRTH (month, day, year) Aug. 10, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	11	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER
13. NAME George Hibline
14. BIRTHPLACE (city or town) (State or country) Bad Coburg Germany

MOTHER
15. MAIDEN NAME Agnes Staudelmyer
16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Mr. Nolan Sheaen
(Address) 4403 Erdrill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 11 1937

19. UNDERTAKER John Tuckwell Sons.
(Address) Scott & Prague.

20. FILED Aug 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10 1937 to Aug 9 1937
I last saw her alive on Aug 8 1937. Death is said to have occurred on the date stated above, at 3.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Acute cardiac dilatation	
Other contributory causes of importance:	
Chronic Myocarditis	
hypostasis	

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, (Signed) A Coleman M. D.
(Address) 4 N Fallsway

OCCUPATION is very important. See instructions on back of certificate.

AUG 11 1937

F 38091

F 38091 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General Hospital Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jasper Tillery

(a) Residence: No. 1006 E. Pratt St. St., 3-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cecil Tillery

6. DATE OF BIRTH (month, day, year) 1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Jell Tillery

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Marry Brown

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT (Address) Cecil Tillery 1006 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Aug 12 1937

19. UNDERTAKER (Address) Edward Bryan 1241 Orleans St

Aug 12 1937 19 Huntington Williams, Reg. Registrar.

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, Accident Aug. 8, 1937, 19

Where did injury occur? Lincoln Beach Hanover St Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Was Swiming

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D. Coroner

(Address) 2257 N. Ave

State CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificate.
OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38092 CERTIFICATE OF DEATH F 38092

Registered No.

1. PLACE OF DEATH Mercy Baltimore General Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 2 yrs. 8 mos. 1 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Strausser
If U. S. Veteran specify WAR .....

(a) Residence: No. 5523 McClean ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or ~~Race~~	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 8 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Guthrie Strausser

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Mildred Wyner

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Mildred Strausser
(Address) 5523 McClean ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Date Aug. 11- 1937

19. UNDERTAKER Charles J. Schugel
(Address) 505 N. Monroe St.

AUG 10 1937 Huntington Williams, M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 9 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea & Enteritis.	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. Ham Larmore Coroner, M. D.

(Address) 1219 Hanover

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V 56

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 38093 — 92-aF 38093

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 Birkwood Pl (Hospital or Institution) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William B Woods

(a) Residence: No. 305 Birkwood St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances McCauley

6. DATE OF BIRTH (month, day, year) 7/24/1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. accountant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Chas Woods

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Eagan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thos A Woods
(Address) 305 Birkwood

18. BURIAL, CREMATION, OR REMOVAL Interment Woodlawn date 8/11/37

19. UNDERTAKER J. J. Fahey & Sons
(Address) 1 E Lexington

20. FILED AUG 11 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1937 to Aug 8, 1937

I last saw him alive on Aug 8, 1937 Death is said to have occurred on the date stated above, at 8.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocardial insufficiency	
(Six months duration)	

Other contributory causes of importance:

Valvular heart disease. Chronic Nephritis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Corbin Kretz M. D.

(Address) 712 Park Ave. Balto Md

OCCUPATION is very important. See instructions on back of certificate.

UG 17 1937

F 38094

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38094

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 Mosher St. St., 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nicholas Moore

(a) Residence: No. 1311 Mosher St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Alice Moore

6. DATE OF BIRTH (month, day, year) Oct 31, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Steel Mill)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John Moore.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Alice Moore
(Address) 1311 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Aug. 12 1937

19. UNDERTAKER Robert L. Goodwin
(Address) 804 W. Caroline St.

20. FILED 10 1937 Huntington Williams M

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9 . 1937

22. I HEREBY CERTIFY, That I attended deceased from July 24 . 1937 to Aug 9 . 1937

I last saw him alive on Aug. 7. 1937. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis (Pulmonary)	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? ?
If so, specify

(Signed) J. Douglas Shepperd M. D.
(Address) 104 B Myrtle Ave

OCCUPATION is very important. See instructions on back of certificate.

38095 ✓ F 38095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 924 E. Eager St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Elizabeth McGivney

If U.S Veteran specify WAR .....

(a) Residence: No. 924 E. Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 14, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Home

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME John McGivney

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mary Monaghan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Douglass ~~Lowell~~ Lowell
(Address) Jefferson, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Jewish Cemetery Date Aug 12, 1937

19. UNDERTAKER Elmer F. Conklin & Son
(Address) Huntingtown Williams, Md.

20. FILED AUG 12 1937
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1937 to Aug 8, 1937

I last saw her alive on Aug 7, 1937. Death is said to have occurred on the date stated above, at 9:30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Hemorrhage	

Other contributory causes of importance:

Ch Diabetes	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) A. H. Hornstein, M. D.
(Address) 733 Aisquith St

OCCUPATION is very important. See instructions on back of certificate.

AUG 12 1937

38096 ✓ F 38096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George K Frederick

(a) Residence: No. Belvedere Beach A A Co Md Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Anna Frederick

6. DATE OF BIRTH (month, day, year) Dec 31 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	7	8 ?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Charles E Frederick

(Address) 8- 14th Ave Brooklyn Park Md

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross a.a.co. Date Aug 11 1937

19. UNDERTAKER John F Denny

(Address) 715 E 41 St

Registrar.

AUG 10 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 6.30 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Injuries	

Other contributory causes of importance: Bronchial Pneumonia

Was an operation performed? ... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 8 1937

Where did injury occur? Belvedere Beach
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At the development at Belvedere Beach

Manner of injury Automobile accident in trying to throw him from car on wheel

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Adam Graney, M. D.
Coroner

(Address) 125 Harrison

38097

HEALTH DEPARTMENT—CITY OF BALTIMORE

V E 38097

124-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 737 N. Patterson Park Ave Ward) 7-3

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 31 yrs. ..... mos. ..... ds.

2. FULL NAME Henry J. Stehlik

If U. S. Veteran specify WAR .....

(a) Residence: No. 737 N. Patterson Park Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marie J. Stehlik

6. DATE OF BIRTH (month, day, year) Feb. 24, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Joseph Stehlik

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Marie Stehlik
(Address) 737 N. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oakdale Date Aug. 11, 37

19. UNDERTAKER Frank Grach Son
(Address) 1906 Eastern Ave

20. FILED ..... 19..... Registrar.

AUG 10 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 37 to Aug 7, 37

I last saw h[illegible] alive on Aug 7, 37 Death is said to have occurred on the date stated above, at 11:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Carcinoma of Liver	1/1/37
Chronic Myocarditis	3/37

Other contributory causes of importance: over

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) William J. Rybacek M. D.

(Address) 801 Eastern Ave

38098

HEALTH DEPARTMENT—CITY OF BALTIMORE

38098

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hosp St., 13-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Pearl Adele Dorsey

If U.S. Veteran specify WAR .....

(a) Residence: No. 712 Newington Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced (or) WIFE of James Dorsey

6. DATE OF BIRTH (month, day, year) Feb 17 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME A. W. Balote

14. BIRTHPLACE (city or town) (State or country) Princess Anne Co Va.

MOTHER

15. MAIDEN NAME Mary A Ward

16. BIRTHPLACE (city or town) (State or country) Princess Anne Co Va

17. INFORMANT James Dorsey

(Address) 712 Newington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Dorsey Va Date 8/11 1937

19. UNDERTAKER John E Miller Inc

(Address) 2435 E Oliver St

19 ... (Signature of Registrar)

AUG 10 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-10 , 1937

22. I HEREBY CERTIFY, That I attended deceased from July 4th , 1937 to 8-10 , 1937

I last saw her alive on 8-10-37 . Death is said to have occurred on the date stated above, at 8 15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	7 Mo
Metastatic Carcinoma of Lungs	?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) N. P. Sellers , M. D.

(Address) Woman's Hosp

Dr Smith - Chestnut Ave

F 38099

38099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27-13 95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5943 Falls Road Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joshua B. Wherley

If U. S. Veteran specify WAR

(a) Residence: No. 5943 Falls Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie E. Wherley

6. DATE OF BIRTH (month, day, year) July 17, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harness maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Solomon Wherley

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Sarah Borton

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Harry L. Wherley

(Address) 5948 Falls Road

18. BURIAL, CREMATION, OR REMOVAL

Mount Freedom Pa Date Aug 12, 1937

19. UNDERTAKER Ehrenwald & Son

(Address) 3615-17 Eutaw St

20. FILED Aug 13 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to Aug 7, 1937

last saw h. alive on Aug 7, 1937 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cardiac disease	2

Other contributory causes of importance:

Uremia	1 week

Was an operation performed? — Date of

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. H. Smith, M. D.

(Address) 342 W Chestnut Ave

38100 HEALTH DEPARTMENT—CITY OF BALTIMORE 38100

CERTIFICATE OF DEATH

1663

1. PLACE OF DEATH Maryland General Hosp. Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.....St., 15-6 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mrs. Margaret Yox

(a) Residence: No. 2810 Walbrook Av. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. John Yox

6. DATE OF BIRTH (month, day, year) Sept 16th 79

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

FATHER

13. NAME Evan Thomas Warfield

14. BIRTHPLACE (city or town) (State or country) Howard Co Md

MOTHER

15. MAIDEN NAME Margaret E. Bockley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John Yox
(Address) 2810 Walbrook Av.

18. BURIAL, CREMATION, OR REMOVAL
Place Mountain View Howard Co Md Date Aug 12 37

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED ..... 19..... Registrar.

Huntington Williams, MD

AUG 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/9/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 8/7/37, 19..., to 8/9/37, 19...
I last saw h.. alive on 8/9/37, 19..... Death is said to have occurred on the date stated above, at 4.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) J. Feldmann, M. D.

(Address) Maryland Gen'l Hosp

OCCUPATION is very important. See instructions on back of certificate.

38101

HEALTH DEPARTMENT—CITY OF BALTIMORE

38101

CERTIFICATE OF DEATH 25670--M 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 1-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Stafford

(Chateau Hotel)

If U. S. Vet. specify WAR No Record

(a) Residence: No. 205 E. Mt. Royal Ave., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, year) 6-26-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Phila (State or country) Pennsylvania

FATHER

13. NAME George (D)

14. BIRTHPLACE (city or town) England (State or country)

MOTHER

15. MAIDEN NAME Mary nart (D)

16. BIRTHPLACE (city or town) England (State or country)

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date Aug 11th 1937

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED 19..... Registrar.

Huntington Hollins, M.D.

AUG 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1937 to August 10, 1937

I last saw him alive on August 10 1937. Death is said to have occurred on the date stated above, at 11.50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8-3-37
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 38102

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38102

CERTIFICATE OF DEATH

148

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 N. Calhoun St., 15-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence Cuff

If U.S. Veteran specify WAR ....

(a) Residence: No. 1712 N. Calhoun St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ WIFE of John L. Cuff

6. DATE OF BIRTH (month, day, year) Oct. 7, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

FATHER

13. NAME Benj. F. Evans

14. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

MOTHER

15. MAIDEN NAME Eliza H. Hutchinson

16. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

17. INFORMANT Augustus H. Evans

(Address) 1712 N. Calhoun St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Cemetery Date Aug 11 '37

19. UNDERTAKER Mrs. Geo. H. Holland

(Address) 603 Druid Hill Ave

20. FILED AUG 11 1937 by Augustus H. Evans

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1937 to Aug 5, 1937

I last saw her alive on Aug 5, 1937. Death is said to have occurred on the date stated above, at 10:45 pm.

The principal cause of death and related ~~causes~~ of importance were as follows:

	Interval between onset and death
Carcinoma Stomach	

Other contributory causes of importance:

Uremia following Carcinoma	

Was an operation performed? No Date July 1937

For what disease or injury? Carcinoma Stomach

What test confirmed diagnosis? Clinical Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Lee Ellis, M. D.

(Address) 824 Madison Ave

38103

HEALTH DEPARTMENT—CITY OF BALTIMORE

38103

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1230 E. 63rd St. St., 26-6 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Katherine Kenny

(a) Residence: No. 1230 E. 63rd St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Oliver J. Kenny

6. DATE OF BIRTH (month, day, year) Feb 14 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME - - Stell

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rebecca - -

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Raymond Kenny

(Address) 1230 E. 63rd St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 8/11/37

19. UNDERTAKER Philip Herwig Son

(Address) 2116 Pulaski Hwy

20. FILED 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 5, 1937 to August 8, 1937

I last saw her alive on August 7, 1937. Death is said to have occurred on the date stated above, at 9:30 a. m.

The principal cause of death and related causes of importance were as follows:

Intussusception — Date of onset 8/5/37

Other contributory causes of importance:

Arteriosclerosis — 1930

Mitral regurgitation — "

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis: Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Edward E. Dingwall M. D.

(Address) 1613 E. North Ave

VS 3

F 38104

F 38104 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 Gittings Ave St., 27-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Gertrude L. Seifert

(a) Residence: No. 700 Gittings Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Seifert

6. DATE OF BIRTH (month, day, year) Aug 7, 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Louis Seifert

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Gertrude Schaeffer

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT John Seifert

(Address) 700 Gittings Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 8/11/37 19

19. UNDERTAKER Philip Stewart Son

(Address) 2016 Eastern Ave

20. FILED 1937 Lexington Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1937, to August 8, 1937.

I last saw h[illegible] alive on August 7, 1937. Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinomatosis	3 mos

Other contributory causes of importance:

Cancer of Breath (Operation)	1 year

Was an operation performed? Yes Date of Aug 1936 (?)

For what disease or injury? Cancer of breast.

Name of operation Femoral Amputation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James E White M.D.

(Address) 2214 Linford Ave.

F 38105

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38105

CERTIFICATE OF DEATH

V57

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2331 E. Madison St. 7-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Lacher

If U. S. Veteran specify WAR .....

(a) Residence: No. 2331 E. Madison St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Lacher

6. DATE OF BIRTH (month, day, year) Aug 26 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butter & Egg Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Matthews Lacher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline - -

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emma Lacher

(Address) 2331 E Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 8/11/37 19

19. UNDERTAKER Philip Herwig Sons

(Address) 2116 Eutaw St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 33 to Aug 8 37

Last saw h[e]r alive on Aug 8 19 37. Death is said to have occurred on the date stated above, at 3:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & Senility	Aug 5 37
Other contributory causes of importance	
As Ins's Osformans	1/1933

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

(Signed) William J Ryan M.D.

(Address)

DEC 14 1937 Eugene Williams, M.D.

E 38106

38106 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38106

CERTIFICATE OF DEATH

1. PLACE OF DEATH Elks Hall. Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Madison Ave. St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Andrew J. Lloyd

(a) Residence: No. 519 Eutaw Pl. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Elizabeth Lloyd

6. DATE OF BIRTH (month, day, year) ...

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cuba

FATHER

13. NAME Lloyd

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Elizabeth Lloyd
(Address) 519 Eutaw Pl.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Aug 12, 1931

19. UNDERTAKER J. Frank Hurst & Co. Inc.
(Address) 1112 Druid Hill Ave.

20. FILED ... 19 ... Registrar

Aug 11 1931 Lexington Hillcrest, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8, 1931

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above 8:30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cancer of the liver, or Tuberculosis affecting the heart	
Other contributory causes of importance	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Adam Brown, M. D.
Coroner

(Address) 125 Hanover

OCCUPATION is very important. See instructions on back of certificate.

38107 E 38107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. 17-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital - Balto., Md. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR WW

2. FULL NAME Lloyd Kay

(a) Residence: No. 1206 Druid Hill Ave. - Balto., Md St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Dorsey Kay

6. DATE OF BIRTH (month, day, year) November 25, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Deckman Restaurant

10. Date deceased last worked at this occupation (month and year) June, 1937.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hartford (State or country) Connecticut

FATHER

13. NAME William Kay

14. BIRTHPLACE (city or town) Essex County (State or country) Virginia

MOTHER

15. MAIDEN NAME Pink Campbell

16. BIRTHPLACE (city or town) Essex County (State or country) Virginia

17. INFORMANT Records- U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place National Cem Date 8/11/ 1937

19. UNDERTAKER Frances J. Hemsley (Address) 378 W. Biddle St

20. FILED G 11 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1937 to August 8, 1937

I last saw him alive on August 6, 1937. Death is said to have occurred on the date stated above, at 2:35pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic	June, 1937
Pleurisy with effusion	June, 1937
Pericarditis, fibrinous	June, 1937
Anthracosis, lung	June, 1937

Other contributory causes of importance:

Was an operation performed? Yes Date of July 20-Aug. 8, 1937.

For what disease or injury? Effusion

Name of operation Thoracenteses (7)

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) I. B. H. Anderson, M. D.

(Address) U.S. Marine Hospital - Balto., Md.

OCCUPATION is very important. See instructions on back of certificate.

38108

HEALTH DEPARTMENT—CITY OF BALTIMORE

38108

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 70-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Harriett J. Singer.

(a) Residence: No. 334 S. Smallwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael L. Singer

6. DATE OF BIRTH (month, day, year) August 24-1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John W. Hardesty

14. BIRTHPLACE (city or town) (State or country) Prince George Co Maryland

MOTHER

15. MAIDEN NAME Julia A. Beall

16. BIRTHPLACE (city or town) (State or country) Prince George Co. Maryland

17. INFORMANT Michael L. Singer
(Address) 934 S. Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug 12 1937

19. UNDERTAKER Robt C. & B. M. Walters
(Address) Pratt & Stricker Sts

20. FILED ..... 19..... Registrar

AUG 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 8 1937

22. I HEREBY CERTIFY, That I attended deceased from August 5 1937 to August 8 1937

I last saw h.e.r. alive on August 8 1937. Death is said to have occurred on the date stated above, at 8:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8-8-37
Hypertensive Cardiovascular Disease.	7.

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Lawrence J. Shumaker M. D.

(Address) St Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 38109

38109 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1948

Registered No. 25-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Balto. General Hospital (Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William S. Schools

(a) Residence: No. 413 Annabelle Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katherine Schools

6. DATE OF BIRTH (month, day, year) Nov. 8, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Standly R. Schools

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Alice Martin

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Katherine Schools
(Address) 413 Annabelle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 8/12 1937

19. UNDERTAKER J. J. McCurdy
(Address) 130 E. Fort Ave.

20. FILED AUG 11 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 9, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Injury	
Blunt	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide Accident Date of injury 8/9/37

Where did injury occur? Balto City Md (Specify city or town, county and State)

Specify whether injury occurred in home, factory, street or public place Industry South Side

Manner of injury Coupler Struck in Mouth

Nature of injury Fatal

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Coupler Worker

(Signed) L. W. Sachs M. D. Coroner

(Address) 27 S. Howard St.

OCCUPATION is very important. See instructions on back of certificate.

V 8 6

E 38110

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38110

CERTIFICATE OF DEATH

Registered No. 19-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals, Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hezikah Carter 252741

If U. S. Veteran specify WAR

(a) Residence: No. 1501 W. Saratoga St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 17, 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Dorsey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Aug 12, 1937

19. UNDERTAKER George H. Kelson
(Address) 1303 Pennsylvania Ave

20. FILED AUG 11 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1937, to August 8, 1937

I last saw him alive on August 8, 1937. Death is said to have occurred on the date stated above, at 9:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	June 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, when?

(Signed) William A. Cassidy M. D.

(Address) Baltimore City Hospitals

OCCUPATION IS VERY important. See instructions on back of this sheet.

F 38111

F 38111 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH — 25658--EF — Registered No. .....

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ~~4-9~~ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ira Campbell — If U. S. Veteran specify WAR .....

(a) Residence: No. 615 W. Mulberry St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-7-1883

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	54?	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. shoe repairer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jacobs Shoe Repair

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME George Campbell

14. BIRTHPLACE (city or town) (State or country) Alexandria, Va.

MOTHER

15. MAIDEN NAME Mariah Armstead

16. BIRTHPLACE (city or town) (State or country) Culpepper, Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Date Aug 12 1937

19. UNDERTAKER George H. Kelson
(Address) 1303 Presstman st

20. FILED ..... 19..... Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-9 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-7 1937 to 8-9 1937

I last saw him alive on 8-8 1937 Death is said to have occurred on the date stated above, at 3-30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Incarcerated Hernia	8/5/37
Intestinal obstruction	8/5/37
Bronchopneumonia	8/7/37
Other contributory causes of importance:	

Was an operation performed? Yes Date of 8/7/37
For what disease or injury? Incarcerated Hernia & Int. obstruction
Name of operation Herniaplasty & Release Int. obstr.
What test confirmed diagnosis? Surgery Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) K. K. Woodward Jr. M. D.
(Address) Balto. City Hosp.

38112

HEALTH DEPARTMENT—CITY OF BALTIMORE

38112

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St., 7-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Auguste Braun
If U. S. Veteran specify WAR

(a) Residence: No. 2236 E Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rudolph Braun

6. DATE OF BIRTH (month, day, year) Dec 27 - 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	7	13 14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Jacob Braun
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Henrietta Abell
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Emily Ashman
(Address) 2236 E Madison St

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date Aug 12 1937

19. UNDERTAKER John Ulrich
(Address) 200 E Preston St

20. FILED 19 Registrar

Arlington Fellowship

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug-9-, 1937, to Aug-10-, 1937
I last saw deceased alive on Aug 10 - 1937 Death is said to have occurred on the date stated above, at 2 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Renal	1927
Arteriosclerosis	1927
Cerebral Hemorrhage	8-9-37
Diabetic Coma	8-9-37
Other contributory causes of importance: Diabetes Mellitus	1923

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alfred J Ashman, M. D.
(Address) Sinai Hospital

V9 3

E 38113

38113 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

✓131 cc

CERTIFICATE OF DEATH

Registered No. 1572

1. PLACE OF DEATH 6525 Baltimore Cty.

CITY OF BALTIMORE: (No. Home, Dundalk St., 76-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. 24 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Washington L. Santmeyer

(a) Residence: No. 6525 Baltimore Cty St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma

6. DATE OF BIRTH (month, day, year) Jul. 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machine Shop

10. Date deceased last worked at this occupation (month and year) About 10 yrs ago last

11. Total time (years) spent in this occupation 11 yrs.

12. BIRTHPLACE (city or town) (State or country) Harrisville Maryland

FATHER

13. NAME Washington L.

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Emma Fischer

16. BIRTHPLACE (city or town) (State or country) Harrisville Pa.

17. INFORMANT Virgil Santmeyer

(Address) 304 Rose View Ave

18. BURIAL, CREMATION, OR REMOVAL

Name St Matthews Cem. Aug 12 1937

19. UNDERTAKER John Merck

(Address) 2105 Orleans St

20. FILED 19 A. Eugene Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Valvular Heart disease

Date of onset Aug 8 1937

Other contributory causes of importance: Rheumatism, Nephritis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. U. Wood, M. D. Coroner

(Address) 1712 N. Bond St

OCCUPATION is very important. See instructions on back of certificate.

V 8 6

F 38114

38114

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-4 186-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME MENDEL BAUM

(a) Residence: No. 1901 Ruxton Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ETTA BAUM

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. PAPERHANGER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (city or town) (State or country) RUSSIA

FATHER

13. NAME UNKNOWN

14. BIRTHPLACE (city or town) (State or country) RUSSIA

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) RUSSIA

17. INFORMANT ETTA BAUM
(Address) 1901 RUXTON AVE

18. BURIAL, CREMATION, OR REMOVAL
Place HERREW HERRINT RUN Date 8-11- 1937

19. UNDERTAKER Isaac Lewis Inc
(Address) 1429 E. Balto. St

Huntington Pike

AUG 11 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-10- 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest therefrom and from the evidence obtained by said Inquest that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/10/ 1937

Where did injury occur? 1410 Gough St. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Road

Manner of injury Fell off a ladder

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenthal, M. D.
Coroner

(Address) 1912 E. North Ave.

V S 6

38115

Also known as Benj Geeta

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38115

CERTIFICATE OF DEATH

1. PLACE OF DEATH Marine Hospital — Registered No. 92-A

CITY OF BALTIMORE: (No. ..... St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Barney Edwards — Benj Geeta — If U. S. Veteran specify WAR World War

(a) Residence: No. 542 N. Caroline St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) April 22, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Layer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lawsonia Miss.

FATHER

13. NAME Benj Haynes

14. BIRTHPLACE (city or town) (State or country) Ga Brook Carolina

MOTHER

15. MAIDEN NAME Rebecca Green

16. BIRTHPLACE (city or town) (State or country) Ga Brook Carolina

17. INFORMANT (Address) U. S. Records Marine Hospital

18. BURIAL, CREMATION, OR REMOVAL Place National Cemetery Date Aug 12, 1937

19. UNDERTAKER Mr Peter R. Williams (Address) 322 N. Schroeder St.

FILED AUG 11 1937 Peter Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... died that said deceased came (Inquest, Autopsy or Inquiry)

to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Unknown
Cause	

Other contributory causes of importance: Valvular affection

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) John A. Evans, M. D. Coroner

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

V 8 6

38116

HEALTH DEPARTMENT—CITY OF BALTIMORE

38116

CERTIFICATE OF DEATH

167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

If U. S. Veteran specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date 19

19. UNDERTAKER

(Address)

(Signed)

AUG 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) , 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Bullet Wound of heart.

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

Coroner

(Address)

OCCUPATION is very important. See instructions on back of certificate.

38117 11:30 ✓ F 38117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Chapel Gate St. Rd. Ward) 12-7

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine E. Mc Bride

If U.S Veteran specify WAR .....

(a) Residence: No. 2448 Maryland Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Mc Bride

6. DATE OF BIRTH (month, day, year) Feb 23 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co.

FATHER

13. NAME John C. Shanahan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary C. Burke

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Shanahan

(Address) 2448 Maryland ave

18. BURIAL, CREMATION, OR REMOVAL St Johns-on-Long Green Date Aug 12 1937

19. UNDERTAKER Mart W. E. Dupkegel

(Address) 31 E. Lexington St

1937 Lexington Williams, M.D.

(Register)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from April, 1929, to Aug 9, 1937

I last saw h[illegible] alive on July 2, 1937. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8/4/37

Other contributory causes of importance:

Arteriosclerosis	?

Was an operation performed? — Date of —

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Lorch Schaer Jr. M. D.

(Address) 20 S. Preston St

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

7-8-37 ✓ F 38118

38118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 247 S. Bond St. 3-1 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth 50 yrs. mos. da.

2. FULL NAME Antonina Kreger (Kriegu) ☐ U.S. Veteran specify WAR ....

(a) Residence: No. 247 S. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Zolinski

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Norbon

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Brzezynski
(Address) 247 S. Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Aug 13 '37

19. UNDERTAKER Martin W.C. Oppel
(Address) 328 Ann St.

20. FILED Huntington Williams, Asst. Registrar
1 1 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6 1937 to Aug. 9 1937

I last saw her alive on Aug. 7 1937 Death is said to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance were as follows:

Squamous cell carcinoma of cervix — Date of onset see other side
Cachexia
Metastases (generalized?)

Other contributory causes of importance:

Was an operation performed? no. Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Biopsy Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) Arthur D. Sivinski M. D.

(Address) 1740 Eastern Ave

OCCUPATION IS ONLY important. See instructions on back of this certificate

✓ F 38119

38119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 39

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George O RR

(a) Residence: No. 620 N. Bruce Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 6 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	3	3-4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Orr

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Edith Stulfort

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Edith Orr
(Address) 620 N Bruce

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date 8/13 37

19. UNDERTAKER Geo A Tingley & Sons
(Address) Eutaw & Saratoga

20. FILED 19 Registrar.

8 11 1937 Washington Millwood, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/10, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 5, 1937 to August 10, 1937

I last saw him alive on 8/10, 1937 Death is said to have occurred on the date stated above, at 10 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Lung Abscess	?

Other contributory causes of importance:

Malnutrition	?

Was an operation performed? yes Date of June 17, 1937.

For what disease or injury? Lung abscess

What test confirmed diagnosis? clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

I do hereby certify that I attended deceased as stated above, and that death occurred from the cause and on the date stated above.

(Signed) W Kenneth Ayer M. D.

(Address) University Hospital

F 38120

HEALTH DEPARTMENT—CITY OF BALTIMORE

38120 3/2/3

CERTIFICATE OF DEATH

53-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 5-2 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.....

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Risby

(a) Residence: No. 337 Forest St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	unknown

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Risby

6. DATE OF BIRTH (month, day, year) 9/22/92

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
44 45	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NO

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Harry Morris

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Molly Evans

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
JOHNS HOPKINS MEDICAL SCHOOL AUG 11 1937 19
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED AUG 11 1937

3413 H

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6. 1937

22. I HEREBY CERTIFY, That I attended deceased from June 29. 1937 to Aug 6. 1937, I last saw h.. alive on Aug 6. 1937 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder	
over	
Other contributory causes of importance: Hypertension, Pyonephrosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Donald C. McCollum M. D.

(Address) Johns Hopkins Hospital

38121 E 38121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27-5 93-e

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3028 Pinewood Ave St., 27 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M. Trentler
If U. S. Veteran specify WAR

(a) Residence: No. 3028 Pinewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Femal
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced — HUSBAND of (or) WIFE of: George H. Trentler

6. DATE OF BIRTH (month, day, year): Aug. 18-1887

7. AGE — Years: 49 | Months: 11 | Days: 8 | If LESS than 1 day, hrs. or min.:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER
13. NAME: Frank Whitehurst
14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER
15. MAIDEN NAME: Annie Rupkey
16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Geo. H. Trentler
(Address) 3028 Pinewood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: Aug 12, 37

19. UNDERTAKER: John A. Mogan
(Address) 3000 E. Biddle St

20. FILED: Arlington Williams, M.D.
AUG 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 8th 1937 to Aug 8th 1937
I last saw her alive on Aug 8th 1937. Death is said to have occurred on the date stated above, at 2.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/8/37
Other contributory causes of importance: Myocarditis	one
Hypertension	

Was an operation performed? no Date of
For what disease or injury? none
Name of operation —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, state?

(Signed) Francis L. Pugh, M. D.
(Address) 6077 Hanford Rd.

✓ F 38122

38122

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-5

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sieling's Sanitarium 5-8 St. ..... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Araminta Coyle
If U. S. Veteran specify WAR .....

(a) Residence: No. 3718 Woodhaven ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Coyle

6. DATE OF BIRTH (month, day, year): Feb 14 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Samuel J. Wright
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Louisa J. Upperman
16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: John Coyle
(Address): 3718 Woodhaven ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Olivet Date: Aug 12, 1937

19. UNDERTAKER: John A. Mason
(Address): 3000 E. Balto St

20. FILED
AUG 11 1937
[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1937, to Aug 9, 1937

I last saw her alive on Aug 1, 1937. Death is said to have occurred on the date stated above, at 6:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Aug 9-
Other contributory causes of importance:	
Arteriosclerosis	?

Was an operation performed? — Date of .....
For what disease or injury? —
Name of operation — clinical
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury ..... 19.....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Wetherbee Fort, M. D.
(Address) 20 E. Preston St
Baltimore, Md

F 38123

38123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Md Gen Hospital St., 11-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Albert Allen Way

(a) Residence: No. 807 Park ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary Kaufman Way

6. DATE OF BIRTH (month, day, year) Feb 1 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfr. paints Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Flemington Ga

FATHER

13. NAME Edgar Bacon Way

14. BIRTHPLACE (city or town) (State or country) Flemington Ga

MOTHER

15. MAIDEN NAME Ena Emerly Kaufman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. M. B. Easterside

(Address) Cambridge, Irvington apt.

18. BURIAL, CREMATION, OR REMOVAL

Flemington Ga Date Aug 11 1937

19. UNDERTAKER Parker Brooks & Son

(Address) Calhoun & Hollins sts

20. FILED AUG 11 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 11 1937

22. I HEREBY CERTIFY, That I took charge of the remains described hereinabove, held an (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above at 4 25 a m,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paresis as result of Electrocution	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Suicide Date of Injury 8/2 1937

Where did injury occur? 807 Park ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of Injury Electricity

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Adam Stamm Coroner, M. D.

(Address) 315 Hanover

OCCUPATION is very important. See instructions on back of certificate.

AUG 11 1937

17

F 38124

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38124

CERTIFICATE OF DEATH

115-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert M, Adams

If U. S. Veteran specify WAR .....

(a) Residence: No. 1602 Divison St. St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, year) May 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Robart S, Adams

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Mamie Hargrave

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Carson Adams

(Address) LOng Island N.Y.

18. BURIAL, CREMATION, OR REMOVAL

Place Lexington N.C. Date 8/11/ 1937

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St

20. FILED 19 ..... Registrar

AUG 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 9, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory Failure	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Aug. 9, 1937

For what disease or injury? T&A

Name of operation Anesthetic Date of Aug 9, 1937

What test confirmed diagnosis Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. L. Harrelson, M. D.

Coroner

(Address) 2257 W. Mt. St.

OCCUPATION is very important. See instructions on back of certificate.

✓ F 38125

38125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3215 Guilford ave (St.) 12-7 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Benjeman F Free

(a) Residence: No. 3215 Guilford ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Lulu Free

6. DATE OF BIRTH (month, day, year) Nov. 2, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031

10. Date deceased last worked at this occupation (month and year) aug 10. 1937

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jerram Free

14. BIRTHPLACE (city or town) (State or country) Macon Ill

MOTHER

15. MAIDEN NAME Dena Epps

16. BIRTHPLACE (city or town) (State or country) Glen Cook Pa

17. INFORMANT Jas Kaylor
(Address) 3215 Guilford

18. BURIAL, CREMATION, OR REMOVAL
Place Ft Lawn Cem Glenlands Md Date Aug 13 1937

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave

Huntington Williams, N.D.

11 1937

V 56

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	8/10/37

Other contributory causes of importance:
No History

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John A Crain Coroner, M. D.

(Address) Coroner

38126 E 38126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1944 W.North Ave. St. 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry W.Ehlen,

(a) Residence: No. 1944 W.North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ------

6. DATE OF BIRTH (month, day, year) May 22.1870

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
67	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Funeral Director

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas A.Ehlen,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Kate R.Schelle,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Miss Annie L. Schelle
(Address) 1944 W.North Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date AUG 12 1937 19

19. UNDERTAKER Robert S. Lutte
(Address) 2700 Edmondson Ave.

20. FILED AUG 11 1937 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 9- 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 32 to Aug 9 1937, 19..., that I last saw h... alive on Aug 9 1937, 19... Death is said to have occurred on the date stated above, at 5:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hypertension	1932
2 Chronic Nephritis	
Other contributory causes of importance: Cardiac Asthenia	2 Days

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38127

CERTIFICATE OF DEATH

48 F 38127
Registered No.

1. PLACE OF DEATH St. Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 18-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Ella Holland
If U. S. Veteran specify WAR

(a) Residence: No. 939 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. B. Holland

6. DATE OF BIRTH (month, day, year) Nov 17 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Leonard Bradley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Tunis

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT J. B. Holland
(Address) 939 W Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 13 1937

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave

20. FILED AUG 11 1937 [illegible]

4

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-9-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-22-1937 to 8-9-1937

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 7 40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix with metastases	4/1/37
Other contributory causes of importance:	

Was an operation performed? Yes Date of 4/9/37
For what disease or injury? Carcinoma of Cervix
Name of operation Cauterization of Cervix
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M Rare M. D.
(Address) St. Agnes Hosp.

F 38128

38128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2133 Linnison St. 15-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry H Meier Sr

If U.S. Veteran specify WAR ... No

(a) Residence: No. 2133 Linnison St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wht	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Meier

6. DATE OF BIRTH (month, day, year) Sept 21 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meier & Frey Co

10. Date deceased last worked at this occupation (month and year) May 37

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Conrad Meier

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harry Meier Jr

(Address) 309 Seneca Drive

18. BURIAL, CREMATION, OR REMOVAL

Place Lud Mag Date 8/12/37

19. UNDERTAKER Pickford & Co

(Address) 1211 E Fayette

AUG 11 1937 Huntington Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10 1937

22. I HEREBY CERTIFY, That I attended deceased from June 24 1937 to Aug 10 1937

I last saw him alive on Aug 10 1937. Death is said to have occurred on the date stated above, at 3 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1936
Other contributory causes of importance:	

Was an operation performed? Yes Date of Oct 1936

For what disease or injury? Carcinoma of stomach

What test confirmed diagnosis? Oper Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Homer C Todd M. D.

(Address) 735 N Fulton Ave

38129 E 38129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2739 Fenwick Ave 9-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samb Solon Anderson
If U.S. Veteran specify WAR

(a) Residence: No. 2739 Fenwick Ave St., Ward.
(Usual place of abode) 62 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced
HUSBAND (or) WIFE of Ella M Anderson

6. DATE OF BIRTH (month, day, year) June 3-1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) 20
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) A A Co Md

FATHER
13. Name James Anderson
14. BIRTHPLACE (city or town) (State or country) A A Co Md

MOTHER
15. MAIDEN NAME Susana Rockhold
16. BIRTHPLACE (city or town) (State or country) A A Co Md

17. INFORMANT (Address) G. L. Anderson 2739 Fenwick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Pk Date Aug 12th 1937

19. UNDERTAKER (Address) William Cook 1417 St Paul Street

20. FILED AUG 11 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1937 to Aug 10 1937
I last saw him alive on Aug 9 1937 Death is said to have occurred on the date stated above, at 8 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular disease	
Organic heart desise	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fitz J Dunzer M. D.
(Address) 2700 Harford Road

M. D. B. 1268-9

F 38130

38130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH Aged Womens Home

CITY OF BALTIMORE: (No. 1404 W Lexington St. 19-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha L Hays

(a) Residence: No. 1404 W Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 28 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	7	1413	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME John W Hays

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Martha S Noonan

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Elizabeth Boarman Supt.
(Address) 1400 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Aug 12, 1937

19. UNDERTAKER F V Kelbner
(Address) 130 Edmondson Ave

11 1937 Lexington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/11/37

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1927 19 to August 11, 1937 19

I last saw her alive on August 10, 1937 19 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	
Arterio-sclerosis, generalized.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Edwin B Jones M. D.

(Address) 115 St. Paul Pl., City

38131 E 38131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 334 E. Monroe St. 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry W. Dorn

If U. S. Veteran specify WAR

(a) Residence: No. 334 E. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah L. Dorn

6. DATE OF BIRTH (month, day, year) Oct. 9th 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bristle Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hair Factory

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John L. Dorn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Born

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Sarah L. Dorn

(Address) 334 E. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug. 13, 1937

19. UNDERTAKER Geiger & Sellmeyer

(Address) 2121 Frederick Ave.

20. FILED 19 Registrar

AUG 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from March, 1936 to Aug 10, 1937.

I last saw him alive on Aug 10, 1937. Death is said to have occurred on the date stated above, at 2-12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	March '36
Mitral Insufficiency	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Scagnetti, M. D.

(Address) 1724 W. Lombard St

38132 F 38132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 S. Dallas St., 3-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie Belcher

(a) Residence: No. 420 S. Dallas St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Richard Spriggs

14. BIRTHPLACE (city or town) (State or country) Balto Co.

MOTHER

15. MAIDEN NAME Maine Spriggs

16. BIRTHPLACE (city or town) (State or country) Balto Co

17. INFORMANT Elvin Spriggs

(Address) 1611 Milled St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Aug 11 1937

19. UNDERTAKER Elroy A Wilson

(Address) 1600 Bank Lane

20. FILED AUG 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-10-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-3-1937 to 8-10-1937

I last saw her alive on 8-10-1937 Death is said to have occurred on the date stated above, at 10,40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (about)
Cardio-Renal Disease	

Other contributory causes of importance:

Same	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. H. Gargis M. D.

(Address) 611 N. Carrollton

F 38133

F 38133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH U. S. Marine Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 26 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank L Oldham If U. S. Veteran specify WAR S.A W

(a) Residence: No. 3123 Brandon Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of . .

6. DATE OF BIRTH (month, day, year) Jan 30 1870

7. AGE Years	Months	Days	If LESS than 1 day..... hrs. or min.
67	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. News Paper man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Quincy Mass

MOTHER

13. NAME Chas F Oldham

14. BIRTHPLACE (city or town) (State or country) Scituate Mass.

FATHER

15. MAIDEN NAME Sarah Mann

16. BIRTHPLACE (city or town) (State or country) Scituate Mass

17. INFORMANT (Address) Records at Marine Hospital

18. BURIAL, CREMATION, OR REMOVAL Date 8/12 37

National Cem

19. UNDERTAKER Robert Burns & Son

(Address) Eutaw & Hollins Sts

20. FILED AUG 12 1937 19 Registrar Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows

Acute myocardial failure — Date of onset 8/9/37

Other contributory causes of importance: Senile Arterial Sclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John M Craul, M. D.

Coroner

(Address) Coroner

OCCUPATION IS VERY IMPORTANT. SEE THAT IT IS FILLED IN.

38134 HEALTH DEPARTMENT—CITY OF BALTIMORE 38134

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH Maryland General Hospital 11-3

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Reuben Bergman

If U. S. Veteran specify WAR .....

(a) Residence: No. Reisterstown, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of June 25 1868

6. DATE OF BIRTH (month, day, year) ~~9/24/37~~

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	10mo	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner & Trucker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. July 24, 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Reisterstown, Md

FATHER

13. NAME Mr. Henry Clark Bergman

14. BIRTHPLACE (city or town) (State or country) Reisterstown, Md

MOTHER

15. MAIDEN NAME Mrs. Sara Elizabeth Yingling

16. BIRTHPLACE (city or town) (State or country) Near Reisterstown, Md

17. INFORMANT Oliver L. Berryman
(Address) Reisterstown Md

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem. Date Aug 14, 1937

19. UNDERTAKER Geo. Berryman Sons
(Address) Reisterstown Md.

20. FILED Lexington Williams
AUG 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1937 to August 11, 1937

I last saw h.. alive on 8/11 1937 Death is said to have occurred on the date stated above, at 7.05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Portal Cirrhosis	
1. C A Prostate & Metastases to Bladder & Liver	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) A. L. Ewald M. D.

(Address) Md. Geriatric Hosp.

F 38135

F 38135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave 6-4 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 24 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Ellen V Differdal

If U. S. Veteran specify WAR .....

(a) Residence: No. 328 W. Washington St St. ..... Ward. .....
(Usual place of abode) Hagerstown Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of John Differdal

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown Maryland

FATHER

13. NAME John Leonhardt Steiger

14. BIRTHPLACE (city or town) (State or country) Hessen Darmstadt Germany

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT John Differdal (Address) Hagerstown Md

18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown Md Date Aug 14 1937

19. UNDERTAKER A K Hoffman (Address) Hagerstown Md.

20. Filed 8/17/1937 Huntington Hutchins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1937 to Aug 11, 1937

I last saw h[illegible] alive on August 11th 1937 death is said to have occurred on the date stated above, at 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Seirhous carcinoma of rt. breast	1934?
Other contributory causes of importance: Pulmonary embolus	

Was an operation performed? Yes Date of 7-31-37

For what disease or injury? Ca of breast

Name of operation Radical amputation rt. breast

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) C. J. Williamson M. D.

(Address) St. Agnes Hospital

F 38136 G111 F 38136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X √ 122-P

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp St. 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Mary A Gill

(a) Residence: No. 2502 Edmondson Ave West St., ... Ward. Texas Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edw. J. Gill

6. DATE OF BIRTH (month, day, year) 5/21/98

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	-1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Eugene A Tracey

14. BIRTHPLACE (city or town) (State or country) Texas, Md

MOTHER

15. MAIDEN NAME Mary A Garside

16. BIRTHPLACE (city or town) (State or country) Texas, Md

17. INFORMANT John Tracey
(Address) Texas, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Texas, Md. Date Aug 14 1937

19. UNDERTAKER Wm. C. Brooks & Son
(Address) Sparks, Md

20. FILED ..... 19..... Registrar.

~~12 1937~~ ~~[illegible]~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/11/1937

22. I HEREBY CERTIFY, That I attended deceased from 7/23 1937 to 8/11 1937

I last saw he alive on 8/11 1937 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Volvulus & gangrenous contents Hardening of right ureter	
Other contributory causes of importance: Hypertension CVD Cancer	

Was an operation performed? Yes Date of 8/10/37

For what disease or injury? Volvulus - Gangrenous ileum

Name of operation Resection - Mackulicz operation

What test confirmed diagnosis? X-ray, Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) C J Fabricius, M. D.

(Address) Bon Secours Hosp

Spec.—8-16-29—L. F. S.—100 Bks.

F 38137 HEALTH DEPARTMENT—CITY OF BALTIMORE F 38137

CERTIFICATE OF DEATH

REGISTERED NO. 82-a

1—PLACE OF DEATH 1021 N. Mount St. Ward 17

CITY OF BALTIMORE (No.) Baltimore St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lucy Edwards

(a) RESIDENCE NO. 1021 N. Mount St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 43 mos. da. How long in U. S., If foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6 DATE OF BIRTH (month, day, and year) May 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Work

(b) General nature of industry, business, or establishment in which employed (or employer) " "

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Nelson Co. Va.

PARENTS

10 NAME OF FATHER Randolph Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Lucy Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Silas Edwards

(Address) 1021 N. Mount St.

15 Filed 8 13 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-9-37

17 I HEREBY CERTIFY, That I attended deceased from 8/6/37, 19..., to 8/9/37, 19..., that I last saw h[illegible] alive on 8/9/37, 19..., and that death occurred, on the date stated above, at 12 o'clock m.

The CAUSE OF DEATH* was as follows:

Apoplexy (Hemorrhage)

(duration) 6 yrs. mos. 4 da.

CONTRIBUTORY (Secondary) High blood pressure & Arterial disease (duration) yrs. mos.

18 Where was disease contrarted if not at place of death? [illegible]

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? [illegible]

(Signed) E. P. Gartrell M. D.

19 (Address) 526 N. Carey St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

DATE OF BURIAL 8/13 1937

20 UNDERTAKER Saml. W. Chase & Son

ADDRESS 6384 Gilmore

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38138

38138

CERTIFICATE OF DEATH

34-9-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 16-3 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wilbur Garfield Clark (23951) If U. S. Veteran specify WAR .....

(a) Residence: No. 806 N. Mount St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Wilbur

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Flora Woods

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place W.P. Auburn Date 8/12 1937

19. UNDERTAKER Saml. McElfresh & Son
(Address) 638 W. Fayette

20. FILED ..... 19 .....
Lexington Willard, Mgr.

AUG 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1937 to August 9, 1937

I last saw him alive on August 9, 1937. Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Nov. 1936.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Were an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) William A. Cassidy, M. D.
(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38139 — CERTIFICATE OF DEATH — 108 F 38139

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 W. Hamburg St. 23-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Goldie E. Brown — U. S. Veteran specify WAR .....

(a) Residence: No. 220 W. Hamburg St St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 23, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Zekia Brown

14. BIRTHPLACE (city or town) (State or country) Jamacia

MOTHER

15. MAIDEN NAME Lillie Boardley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lillian Brown

(Address) 220 W. Hamburg

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Aug 12 1937

19. UNDERTAKER Walter B. Rugg

(Address) 139 W. Lanvale St.

Huntington Williams M.D.

AUG 12 1937

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Aug. 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) T. H. O'Sullivan M. D.
Coroner

(Address) 2737 Li Ave

OCCUPATION IS VERY IMPORTANT. ... INSTRUCTIONS ON BACK

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38140

CERTIFICATE OF DEATH

F 38140

1. PLACE OF DEATH: Provincial Hospital of Maryland (or Hospital) — Registered No. ____
CITY OF BALTIMORE: (No.) ____ St., 15-4 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME: Ellen J. Miller — If U. S. Veteran specify WAR ____

(a) Residence: No. 229 Windsor Ave. Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Chas. J. Miller Wife

6. DATE OF BIRTH (month, day, year) Dec 21 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manufacturing Jewelry

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (city or town) (State or country) Penna

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT (Address) Mrs. Ellen J. Miller Wife 229 Windsor Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Aug 13 1937

19. UNDERTAKER Geo. Colling & Son
(Address) 1322 Pennsylvania Ave

20. FILED 19 Registrar

AUG 12 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ____ thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ____ find that said deceased came (Inquest, Autopsy or Inquiry)
to ____ death on the day stated above. 4:25 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis,	

Other contributory causes of importance:

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19 ____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of Injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) H. Hamilton Williams, M. D.
Coroner

(Address) 126 Hanover

HEALTH DEPARTMENT—CITY OF BALTIMORE

38141

CERTIFICATE OF DEATH

192-a 38141

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 239 N. Bond St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Reisa Seidler

If U. S. Veteran specify WAR

(a) Residence: No. 239 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Seidler

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham —

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ruth —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Abraham Seidler

(Address) 239 N. Bond St.,

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Cemetery Date 8-12- 1937

19. UNDERTAKER Jack Levine Inc

(Address) 1424 E. Balto. St

AUG 12 1937 Livingston Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-11- 1937

22. I HEREBY CERTIFY, That I attended deceased from June 19th 1935 to Aug. 11th 1937.

I last saw h alive on Aug. 11 1937; Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	1933
mitral insufficiency	1933
chr. myocarditis	1935
Other contributory causes of importance: Toxic goitre	1936

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. A. Michelson M. D.

(Address) 2230 Eutaw Pl.

F 38142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

F 38142

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St. 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Meyer Samuelson

(a) Residence: No. 2317 Callow St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mrs. Samuelson

6. DATE OF BIRTH (month, day, year) 5/6

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grain Feed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dealer

10. Date deceased last worked at this occupation (month and year) 10 mos

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel Samuelson

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hannah —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Southern Ave Date 8-12-37 19

19. UNDERTAKER Jos. Lowe Inc (Address) 1437 E Baltimore St.

20. FILED AUG 12 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug-11- 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug-7- 1937 to Aug-11- 1937

I last saw h.m alive on Aug-11- 1937 Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Aug 4-37
Emphysema	Aug 4 37

Other contributory causes of importance: Hemiplegia over Jan-1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Alfred Schwartz M. D.

(Address) Sinai Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38143

CERTIFICATE OF DEATH

95-3 F 38143

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 1203 W. Lombard St. 18-3 (Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. 7 mos. 26 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine V. Gray

(a) Residence: No. # 1203 W. Lombard St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Adolph C. Gray

6. DATE OF BIRTH (month, day, year) Dec 16, 1854.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
83 82	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME James B. Mills

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

17. INFORMANT Mr J. Bernard Gray
(Address) # 1203 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Cem. Date 8 / 14 / 1937

19. UNDERTAKER John J. Cowan & Son
(Address) # 901 Hollins Street

20. FILED AUG 17 1937 Clayton Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8 / 11 / 1937

22. I HEREBY CERTIFY, That I attended deceased from August 5 1937 to August 10 1937

I last saw her alive on August 11 1937 Death is said to have occurred on the date stated above, at 3.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Disease	4 yrs
Senility	-

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Philip A. Flynn, M. D.

(Address) 423 E. North Ave.

38144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√23 F 38144

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 9-4 (Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lula Johnson (23298) If U. S. Veteran specify WAR .....

(a) Residence: No. 601 Brant St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Separated

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) September 18, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	10	22 71	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Will McNair

14. BIRTHPLACE (city or town) (State or country) ??

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) ??

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cleveland Ohio Date Aug. 12 '37

19. UNDERTAKER Mrs. Geo. H. Holland
(Address) 1631 Euclid Ave

20. FILED AUG 12 1937 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1937, to August 9, 1937
I last saw her alive on August 9, 1937 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	April 1932

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) M. Curtis ..... M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38145

CERTIFICATE OF DEATH

F 38145

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 W. Hamilton St., 22 Ward)

Registered No. 22-279

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Broom

(a) Residence: No. 208 W. Hamilton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 6, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	5 +	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Charles Broom

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Ruth Garnett

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Ruth Broom (Address) 208 W. Hamilton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Aug 12, 1937

19. UNDERTAKER Isaiah A. Brown & Son (Address) 2311 Madison Ave

FILED AUG 12 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Aug 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1937, to Aug 10, 1937

I last saw him alive on Aug 10, 1937 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Whooping Cough	?

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) D. Floom Jr. M. D.

(Address) 109 W. Lanvale

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38146 53E F 38146

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 137 South East Ave Ward) Aug 26-10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR No Record

2. FULL NAME Mary E. Dampier

(a) Residence: No. 137 South East Ave St., Ward.

(Usual place of abode) 18 years (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR or RACE	If Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. H. Dampier

6. DATE OF BIRTH (month, day, year) Jan 28-1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (City or town) (State or country) Ole Polmar

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT W. H. Dampier (Address) 137 South East Ave

18. BURIAL, CREMATION, OR REMOVAL Moreland Park Date Aug 13 37

19. UNDERTAKER Williams Cook (Address) (2)17 St Paul Street Huntington Williams Co.

20. FILED 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-11- 1937 to 8-11- 1937

I last saw her alive on 8-11- 1937 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Sarcoma of left eye — Date of onset 3 years

Sarcoma of brain — 3 mos.

Other contributory causes of importance: arteriosclerosis

Was an operation performed? Yes Date of 7-21-37

For what disease or injury? Skin nodule (melanotic sarcoma)

What test confirmed diagnosis? Path. Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John J Gould M. D.

(Address) 14 N. East ave.

38147 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 38147

CERTIFICATE OF DEATH

18-3181

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. 7 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bessie Morgan.

(a) Residence: No. 1217 Hollins St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If ~~married, widowed, or HUSBAND OF~~ (or) WIFE of: Frank Morgan.

6. DATE OF BIRTH (month, day, year) December 8, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	7	28?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None. D 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Frank Nevins.

14. BIRTHPLACE (city or town) (State or country): Ireland.

MOTHER

15. MAIDEN NAME: Hannah Murphy.

16. BIRTHPLACE (city or town) (State or country): Ireland.

17. INFORMANT: Mary McIntire. (sister)
(Address) 106 S. Paca St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Matthews Date 8/12 1937

19. UNDERTAKER Jno. A. Pabst
(Address) 1217 Hollins St.

20. FILED Huntington Williams, Registrar 8/7/37

G 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, and that I viewed the body thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came autopsy & inquest. (Inquest, Autopsy or Inquiry) Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	
Due to Necrosis of hand, arm & axilary space, Scalds.	6/2/37

Other contcibutory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquest. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident. Date of injury 5/24/37 19

Where did injury occur? 1217 Hollins St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home.

Manner of injury Scalds of hand.

Nature of injury Scalds of hand.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Otto Reinhardt, M. D.
Coroner

Address 1017 S. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38148 X 16 F 38148

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 9-2 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos. 3 ds. How long in U. S. If of foreign Birth?.....yrs.....mos.....ds.

2. FULL NAME William Herbert Blizzard

If U. S. Veteran specify WAR

(a) Residence: No. Route 4 Westminster Md St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 19 1926

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	10	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster Md

FATHER

13. NAME Lloyd Andrew Blizzard

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER

15. MAIDEN NAME Florence Wantz

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

17. INFORMANT Mother

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL Westminster Cemetery Carroll Co Md Date Aug 12 37

19. UNDERTAKER J. Francis Reese

(Address) Westminster Md

20. FILED 19 Registrar

AUG 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1937 to Aug 12, 1937

I last saw him alive on Aug 12, 1937. Death is said to have occurred on the date stated above, at 1 55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Poliomyelitis	8-6-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Spinal puncture

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D. Schwentker, M. D.

(Address) Sydenham Hospital

M. D. B. 1268-9

38149 F 38149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1932 Wilkens Ave St., 20-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F. Searle

(a) Residence: No. 1932 Wilkens Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 19, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME William F. Searle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Albrecht

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Amelia Searle
(Address) 1932 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Loudon Park Date Aug 13 1937

19. UNDERTAKER J. Vernon Palmer
(Address) 2301 Edmondson Ave

20. Filed ..... 19 ..... Registrar.

AUG 12 1937 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1937 to Aug. 10, 1937

I last saw h[illegible] alive on Aug. 10, 1937 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	3 wks
Cerebral Hemorrhage	3 wks

Other contributory causes of importance:

Bronchopneumonia	2 wks
	3 wks

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Benjamin Miller, M. D.

(Address) 2060 Wilkens Ave

Grave #21 F 38150

38150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier 6 Pratt St. 4-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William M. Donald

If U. S. Veteran specify WAR. Yes

(a) Residence: No. Unknown St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Not Known

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Not Known

6. DATE OF BIRTH (month, day, year): Not Known

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 50	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Not Known

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Not Known

FATHER

13. NAME: —

14. BIRTHPLACE (city or town) (State or country): —

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Central District Police Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place PUBLIC CEMETERY Date AUG 12 1937

19. UNDERTAKER: Commissioner of Health

(Address) Per H. A. Moore

20. FILED AUG 12 1937 Huntington Maryland

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest therein and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	Aug 5, 37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug. 5, 1937

Where did injury occur? Pier 6 Pratt St Baltimore, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Public place

Manner of injury: Fell into harbor

Nature of injury: Drowning

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Samuel B. Wolf Coroner, M. D.

(Address) 1331 E. Northern

Spec.—2-29-28—L. F. S.—500 Bks.

Hazel Johnson ✓

F 38151

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38151

CERTIFICATE OF DEATH

34-125-a

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. Franklin Sq Hospital ST., 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hazel Johnson

(a) RESIDENCE NO. 1619 W. Franklin St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1912

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Chester, S. C.

PARENTS

10 NAME OF FATHER Lee Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Chester S. C.

12 MAIDEN NAME OF MOTHER Alice Strother

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Chester S. C.

14 Informant Charles Johnson

(Address) 1236 S. Shar[illegible] St.

15 Filed AUG 12 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12-37.

17 I HEREBY CERTIFY, That I attended deceased from Aug 3-37 19..., to Aug 12-37. 19..., that I last saw h[illegible] alive on Aug 12-37. 19..., and that death occurred, on the date stated above, at 4:15 A. m.

The CAUSE OF DEATH* was as follows: Acute Yellow Atrophy of liver - secondary to Neoplasmonine treatment

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Nathan Wolf, M. D.

19 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chester, S. C. — DATE OF BURIAL Aug 13 1937

20 UNDERTAKER Mr Katie R. Williams — ADDRESS 322 N Schroeder St

F 38152

38152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2007 Greenmount Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Patrick J. King

(a) Residence: No. 2007 Greenmount Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Margaret Gaughan King

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	79 yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Contractor, Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick J. King

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Margaret Gaughan

(Address) 2007 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Aug 14, 1937

19. UNDERTAKER Edward W Conklin & Son

(Address) 524 E. Eager St

12 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1937, to August 10, 1937

I last saw h[illegible] alive on August 10, 1937 Death is said to have occurred on the date stated above, at 8:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	2 Yrs
General Cerebrosclerosis	2 Yrs
Acute Intestinal Infection	2 days

Other contributory causes of importance:

Bed Sores	Unknown
Uremia	2 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Ausenbey M. D.

(Address) 102 E. 16th St

M. D. B 1268-9

John F. Kelly ✓ F 38153

38153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) New Cathedral (Street) E-3 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 7 mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John F. Kelly if U. S. Veteran specify WAR .....

(a) Residence: No. 1104 N. Luzerne Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Elsie M. Burns Kelly

6. DATE OF BIRTH (month, day, year) Dec 31, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	7	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dental Supplies Co.

10. Date deceased last worked at this occupation (month and year) 8/2/37

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John F. Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Mrs Elsie M. Burns

(Address) 1104 Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cemetery Baltimore City State Aug 14, 1937

19. UNDERTAKER Edwin W. Conkling Son

(Address) 724 E. Eager St.

20. FILED AUG 12 1937 Huntington Williams M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above, at about 1 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shot self with pistol Fired bullet through head	

Other contributory causes of importance: Temporarily mentally deranged

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 8/11, 1937

Where did injury occur? Nat Cathedral & Lanvale (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Bathroom

Manner of injury Shot self with pistol.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hamilton Mowry M. D.
Coroner

(Address) 216 N. Howard

✓ F 38154

38154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 25147 (MB) 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 4 2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Duvall

(a) Residence: No. 313 N. Pearl St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter

6. DATE OF BIRTH (month, day, year) 10/13/1870 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland - County?

FATHER

13. NAME Bill Johnson (d)

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Carrie ? (d)

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Baltimore City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date AUG 12 1937 19

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED AUG 12 1937
Commissioner of Health

3413

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-6, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-20, 1937 to 8-6, 1937

I last saw h.er alive on 8-6, 1937. Death is said to have occurred on the date stated above, at 10:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix	1936
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

38155 E 38155

HEALTH DEPARTMENT—CITY OF BALTIMORE

18668--CM

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Marshall Green

(a) Residence: No. 109 N. Aisquith St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Perry

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Betsy ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place UNIVERSITY MEDICAL SCHOOL Date AUG 12 1937 19

19. UNDERTAKER Per H. A. Moose

(Address)

20. FILED AUG 12 1937

Commissioner of Health

Huntington Williams, Deputy Registrar

3416

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1936 to August 10, 1937

I last saw h.. alive on August 10, 1937. Death is said to have occurred on the date stated above, at 1.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1936
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. B. De Lautelle M. D.

(Address) Baltimore City Hospitals

V E 38156

38156 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 13159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby "B" Nichols

(a) Residence: No. 704 W. Monument St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6. DATE OF BIRTH (month, day, year) Aug. 1st 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	9d	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Nichols

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Thelma Dawn

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT James Nichols

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL AUG 12 1937 19

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED AUG 12 1937 E. E. [illegible] Registrar.

341.4 M

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1st 1937 to Aug. 9 1937

I last saw h[illegible] alive on Aug. 9 1937. Death is said to have occurred on the date stated above, at 5:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	9 da. 8/1/37
Other contributory causes of importance: Malnutrition	8/1/37

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? P. E. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter Henry Zinser Jr. M. D.

(Address) University Hospital

✓ F 38157

38157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 17-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clara Lope

If U. S. Veteran specify WAR .....

(a) Residence: No. 1026 Third Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Lon

6. DATE OF BIRTH (month, day, year) ? 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ella Hicks
(Address) 530 N Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Aug 13, 37

19. UNDERTAKER Rev. Geo H. Holland & Mortuary
(Address) 1631 Third Hill Ave

20. FILED Aug 13 1937 Registrar

12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis	Aug '37.
Other contributory causes of importance: Carcinoma of Splenic Flexure of Colon	1937?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James C. Wolfe M. D.
Coroner

(Address) 1331 E. North Ave

32721 2 E 38158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38158 23

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. St., 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Paul R. Buettner

(a) Residence: No. 1956 ~~Bedbloom~~ PERLMAN Place Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie M.

6. DATE OF BIRTH (month, day, year) 8-14-01

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. auto mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Md

FATHER

13. NAME Paul R. Buettner Sr.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Bell

16. BIRTHPLACE (city or town) (State or country) ~~Germany~~ Germany

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Aug. 14, 1937 Oakdawn Cemetery Date

19. UNDERTAKER H. Howard Evans
(Address) 1402 W. Lanvale St.

20. FILED AUG 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1937 to August 12, 1937

I last saw him alive on August 12, 1937. Death is said to have occurred on the date stated above, at 3:10 A.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis - Pulmonary also of Kidney — Date of onset Before May 1936

Other contributory causes of importance:

Myocardial failure

Was an operation performed? yes Date of June 1937

For what disease or injury? Tuberculosis of genital tract

Name of operation Radical Excision of genital tract

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) James H. Lemmon M.D.

(Address) Johns Hopkins Hospital

38159 F 38159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 43 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME MARY Mc INTIRE

(a) Residence: No. 3025 Wylie Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of FRANK A Mc INTIRE

6. DATE OF BIRTH (month, day, year) 2/4/1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) IRELAND

FATHER

13. NAME [redacted] RIORDAN

14. BIRTHPLACE (city or town) (State or country) IRELAND

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) IRELAND

17. INFORMANT Herman Lemmon
(Address) 461 Pk. Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 8/14/37

19. UNDERTAKER H. Herman Lemmon
(Address) 461 Park Heights Ave

20. FILED AUG 17 1937 Huntington Wolfenden Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/12/1937

22. I HEREBY CERTIFY, That I attended deceased from 8/12/1937 to 8/12/1937

I last saw her alive on 8/12/1937 Death is said to have occurred on the date stated above, at 1:00 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BRONCHOPNEUMONIA.	10 DA
Other contributory causes of importance:	

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Lawrence R. Roberson, M. D.

(Address) Mercy Hosp.

✓ F 38160

38160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3417 Du Pont Ave St., 27-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Justina Barbara Koerner

(a) Residence: No. 3417 Du Pont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Koerner

6. DATE OF BIRTH (month, day, year) Jan 20, 1865

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	72	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work at home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Mar 1937

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Joseph Fuss

14. BIRTHPLACE (city or town) (State or country) Bavaria

MOTHER

15. MAIDEN NAME Eva Neus

16. BIRTHPLACE (city or town) (State or country) Bavaria

17. INFORMANT Miss Anna Fuss

(Address) 3417 Du Pont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 8/12/37 19

19. UNDERTAKER Vernon Lemmon

(Address) 5411 Park Heights Ave

FILED 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1934 to Aug 10, 1937

I last saw her alive on Aug 10, 1937 Death is said to have occurred on the date stated above, at 1:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	1934
Other contributory causes of importance: cardiac insufficiency	1937

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Geo. A. Krupp, M. D.

(Address) 2030 Eutaw Place Ave

38164 33274

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38161

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Beatrice Turner

(a) Residence: No. Balmer Pr. Turners Alley, Ward. 20
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/22/37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Irving

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Jessie Harvey

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cemetery Date Aug 12 1937

19. UNDERTAKER Archibald A. Gaddis
(Address) 2101 McCulloh St.

Aug 12 1937 19 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug-10-1937

22. I HEREBY CERTIFY, That I attended deceased from Aug-9 1937 to Aug-10 1937

I last saw her alive on Aug-10 1937 Death is said to have occurred on the date stated above, at 1115 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Lateral Sinus Thrombosis	8 Aug 1937
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) John L. Haviland, M. D.

(Address) Johns Hopkins Hospital

38162 38162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 125-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos. 4 ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Lee

(a) Residence: No. Perryman, Md St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry Lee

6. DATE OF BIRTH (month, day, year) May 22, 1903

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
34	2	16, 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Aug 1937

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME William C. McKinney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Ramsey

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Sister Dorothea M. Kinney
(Address) Union Memorial Hospital.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Aug 14th, 1937

19. UNDERTAKER Henry Tarring & Sons
(Address) Aberdeen, Md

20. FILED 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUGUST 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1937, to Aug 12, 1937

I last saw her alive on Aug 12, 1937. Death is said to have occurred on the date stated above, at 5:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute yellow atrophy	July 29, 1937
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) S. D. Sunday M. D.

(Address) Union Memorial Hospital

38163 ✓ F 38163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Volunteers of America Hosp St., Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Moran

If U.S. Veteran specify WAR

(a) Residence: No. Port Deposit, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 1, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boat

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Port Deposit Md.

FATHER

13. NAME James Moran

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Hagan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Rosella Mc Cue
(Address) Port Deposit, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Ernicen Date Aug 14 37

19. UNDERTAKER Wm A Patterson
(Address) Perryville, Md.

20. FILED 13 1937 Registrar H. Lexington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1937 to Aug 12, 1937

I last saw him alive on Aug. 12, 1937. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Portal Cirrhosis	1934
Chronic Myocarditis	1936
	Acute

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Lloyd N. Hummel M. D.

(Address) Vol. of America Hosp. Ft W. Lexington Ave.

E 38164

38191 7
3319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

148-82a

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 27 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Regina Adams

(a) Residence: No. Darlington St., ... Ward. Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12-14-93

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dom

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Jacob De Bord

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Nancy Allison

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Harmony Cem Date August 15, 1937

19. UNDERTAKER H. D. Bailey (Address) Darlington, Md

20. FILED Darlington Maryland

AUG 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1937, to Aug 12, 1937

I last saw her alive on Aug 12, 1937 Death is said to have occurred on the date stated above, at 5:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Aug 12
Other contributory causes of importance:	Years

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. Lalfe M. D.

(Address) Johns Hopkins Hospital

38165 ✓ F 38165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 157-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred—1 yrs. — mns. 5 ds. How long in U. S. If of foreign birth? yrs. mns. ds.

2. FULL NAME John D. Miller

(a) Residence: No. 232 E 3rd, Frederick, Md. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Infant

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 28, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	12 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick, Md.

FATHER

13. NAME S. N. Alonza

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Drew

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT D. B. O. Thomas
(Address) Frederick, Md.

18. BURIAL, CREMATION, OR REMOVAL
PLACE UNIVERSITY MEDICAL SCHOOL AUG 13 1937 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED AUG 13 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 8 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/3 1937 to 8/8 1937

I last saw him alive on 8/7 1937 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

Tracheal obstruction from a Cystic Hygroma — Date of onset 7/27/37

Other contributory causes of importance:

Malnutrition

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? P.E. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter Reuss George Jr. M. D.

(Address) Homewood Hospital

AUG 13 1937

38166 E 38166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 Ashland Ave St. 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Preston Eldridge

If U. S. Veteran specify WAR

(a) Residence: No. 1722 Ashland Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 3-1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sparrows Point

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward Eldridge

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary DeShields

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Mary Eldridge

(Address) 1722 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Aug 15 1937

19. UNDERTAKER Mrs. Robt. Talbert & Daughter

(Address) 1129 N. Chas. St.

20. FILED Aug 13 1937 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 1937

I HEREBY CERTIFY, That I attended deceased from July 20 1937 to Aug 11 1937

I last saw him alive on Aug 11 1937 Death is said to have occurred on the date stated above, at 7:40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	July 27 1937
Phthisis	

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George P. Allen M. D.

(Address) 5387 Annapolis Rd

38167 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 38167

CERTIFICATE OF DEATH

Registered No. 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 E 36th St., 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Valeria Tulaski

If U.S. Veteran specify WAR ....

(a) Residence: No. 914 E 36th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas F Tulaski

6. DATE OF BIRTH (month, day, year) Dec 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
80	81	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia Poland

FATHER

13. NAME Unknown Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT H. Tuller

(Address) 914 E 36th St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Cem Date 8/13/1937

19. UNDERTAKER Tilton Bros

(Address) 2117 Gorsuch

FILED DEC 13 1937 Harrington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1 1937 to Aug 13 1937

I last saw her alive on 8/13/37 Death is said to have occurred on the date stated above at 3:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Myocarditis (Myocarditis)	

Other contributory causes of importance:

Hypostatic Pneumonia

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harrington Williams M.D.

(Address) 1503 Harford Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

38168 — CERTIFICATE OF DEATH — 107-a — F 38168

Registered No.

1. PLACE OF DEATH St Agnes' Hospital
CITY OF BALTIMORE: (No. Mchenry + Caton Ave, Ward) 28-4
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Muckey — If U. S. Veteran specify WAR

(a) Residence: No. 5308 Hendley Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 13 1918

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. J.

FATHER
13. NAME Fay Muckey
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Olive A Price
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Fay L. Muckey
(Address) 5308 Hendley Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug 14 1937

19. UNDERTAKER Robert S Little
(Address) 2708 Edmondson Ave

Registrar.

20. FILED AUG 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-11-1937

22. I HEREBY CERTIFY, That I attended deceased from 8-10-1937 to 8-11-1937
I last saw him alive on 8-11-1937 Death is said to have occurred on the date stated above, at 3.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Disseminated Bronchopneumonia	8-2-37
Septicemia - Strep Hemolyticus.	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrence J Slumanda M. D.
(Address) St Agnes Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38169 F 38169

CERTIFICATE OF DEATH

9-7 / 46-9

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2624 Cecil Ave, St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah A.Burrier,

(a) Residence: No. 2624 Cecil Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph R.Burrier,

6. DATE OF BIRTH (month, day, year) May 10.1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk U.S.Bureau

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engraving

10. Date deceased last worked at this occupation (month and year) March 15-37

11. Total time (years) spent in this occupation 3 Yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William H.Grafflin,

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Eliza Shortlay,

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Edward Grafflin,
(Address) 2624 Cecil Ave.

18. BURIAL, CREMATION, REMOVAL
Place Baldwin Memorial Date AUG 14 1937

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave.

FILED AUG 13 1937 Huntington Williams Supt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 11 1937

22. I HEREBY CERTIFY, That I attended deceased from May 20 1937 to Aug 11 1937

I last saw h/N alive on Aug 10 1937 Death is said to have occurred on the date stated above, at 10:57 A.M.

The principal cause of death and related causes of importance were as follows:

Pectal Carcinoma — Date of onset

Other contributory causes of importance:

Metastases in Liver

Was an operation performed? Yes Date of

For what disease or injury? Pectal Carcinoma

What test confirmed diagnosis? Dr Brady Wash. D.C. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jacob Fisher, M. D.

(Address) 1823 N. Wash St.

8170

HEALTH DEPARTMENT—CITY OF BALTIMORE

8170

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2000 Mt Payson St. 15-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Klein

If U.S. Veteran specify WAR ....

(a) Residence: No. 2000 Mt Payson St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of George Klein

6. DATE OF BIRTH (month, day, year) March 6th 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER | FATHER

13. NAME Dietrich Gladewig

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Charlotte Duffy

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Marie Klein
(Address) 2000 Mt Payson St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Aug 14 37

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

AUG 13 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1937, to Aug. 11, 1937

That I saw her alive on Aug 11 1937. Death is said to have occurred on the date stated above, at 8.05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	1930
Hypertensive Cardiovascular Disease	1930
Other contributory causes of importance:	
Cerebral Hemorrhage	8-1-37

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Uranalysis Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Israel P. Weinstein, M.D.

(Address) 1410 W. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

38171 38171

CERTIFICATE OF DEATH

82-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2521 Barclay St., 12-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lindora G Shortt

If U.S. Veteran specify WAR No Record

(a) Residence: No. 2521 Barclay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Albert E Shortt

6. DATE OF BIRTH (month, day, year) July 19 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward Lowry

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Baldwin

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Hazel Shortt
(Address) 2521 Barclay St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 16 37

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED ... 19 ... Registrar

AUG 13 1937 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1937 to Aug 12, 1937

I last saw her alive on Aug 11, 1937. Death is said to have occurred on the date stated above, at 1:45 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage with Hemiplegia (Rt)	Feb 1937
Arteriosclerosis	—
Other contributory causes of importance:	
Hypertensive Cardiac dilatation	Aug 12 '37

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Lloyd E Saylor M. D.

(Address) 3957 York Rd.

F 38172 ✓ F 38172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. SINAI HOSP. St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME JOHN J. EVANS JR.

(a) Residence: No. 3132 ODONNELL St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	SINGLE

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) APR. 16/1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME JOJN J. EVANS

14. BIRTHPLACE (city or town) (State or country) BALTO. MD.

MOTHER

15. MAIDEN NAME LOUISE SYMBORSKI

16. BIRTHPLACE (city or town) (State or country) BALTO. MD.

17. INFORMANT JOHN J. EVANS (FATHER)
(Address) 3132 ODONNELL ST

18. BURIAL, CREMATION, OR REMOVAL.
Place Sacred Heart Date AUG 13 19 37

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 403 S. WOLFE ST

AUG 13 1937 19 ... Reg. No. ...

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG. 12 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest / Autopsy / Inquiry thereon and from the evidence [illegible] and Inquest / Autopsy / Inquiry] find that said deceased came to his death on the day stated above.

12/45 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia (Primary)	
Other contributory causes of importance: —	

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Paul Schenker M. D.
Coroner

(Address) 1919 E. North ave.

38173 ✓ F 38173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Preston

If U. S. Veteran specify WAR .....

(a) Residence: No. Bel Air Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 8 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Viola Osborn

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Viola Preston
(Address) Bel Air

18. BURIAL, CREMATION, OR REMOVAL
Place Aberdeen Date Aug 14 1937

19. UNDERTAKER Howard Malone
(Address) Aberdeen Md

[illegible] 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 11, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) [signature] M. D.
Coroner

(Address) 2757 W. Lex

38174 Bagnomani 38174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Donald Bagnomani

If U. S. Veteran specify WAR .....

(a) Residence: No. 926 N. Duncan St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/9/36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Bagnomani

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Emma Myers

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records — (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug 14 1937

19. UNDERTAKER Frank E. Nicholson
(Address) 1956 Calhoun St

20. FILED 19 [illegible]

AUG 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937 to Aug 12, 1937

I last saw him alive on Aug 12, 1937 Death is said to have occurred on the date stated above, at 6 40 m.

The principal cause of death and related causes of importance were as follows:

Non Specific Bronchitis — Date of onset Aug 37

Other contributory causes of importance: Superficial Lungs Tissue Thrombosis

Was an operation performed? No Date of —

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) James H. Hovland, M. D.
(Address) Johns Hopkins Hospital

E 38175

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38175

CERTIFICATE OF DEATH

54

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6803 Everall ave St. 27-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilhelmina Hoehn

If U. S. Veteran specify WAR

(a) Residence: No. 6803 Everall ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: William Hoehn

6. DATE OF BIRTH (month, day, year): September 7 th 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): ~~Germany~~

FATHER

13. NAME: Ernest Koehl

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Dont know

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): William Hoehn, 6803 Everall ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Parkwood Cem Date: Aug 14 1937

19. UNDERTAKER (Address): John Arendt, 2108 Allens St

20. FILED: Aug 13 1937 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 11 th 1937

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1937 to August 11, 1937

I last saw her alive on Aug 11, 1937. Death is said to have occurred on the date stated above, at 8.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilation.	8-11-37.
Other contributory causes of importance: Diabetes mellitus.	unknown
Pyelitis Gastritis	8-1-37.

Was an operation performed? no. Date of

For what disease or injury? no.

Name of operation non

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify none

(Signed) James Graham Marston M. D.

(Address) 516 Cathedral st

38176 F 38176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

19612 107-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City nospt. St. 7-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Michael Single

If U. S. Veteran specify WAR

(a) Residence: No. 512 N. Streeper St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice

6. DATE OF BIRTH (month, day, year) 8-12-th 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Helen Kurz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place M't Carmel Cem. Date Aug 16 1937

19. UNDERTAKER John Allred

(Address) 208 Orleans St

20. FILED 1937 H. Eugene Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 12 1937

22. I HEREBY CERTIFY, That I attended deceased from December 19, 1936, to August 12, 1937

I last saw h.. alive on August 12, 1937. Death is said to have occurred on the date stated above, at 8-00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8-9-37
Other contributory causes of importance:	
Cerebral Thrombosis	1936
Chronic Nephritis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. B. deV Saunders M. D.

(Address) Baltimore City Hospitals

F 38177 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56 F 38177

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2400 Eutaw Place) St., (13-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benard Stanley Levinson

If U.S. Veteran specify WAR

(a) Residence: No. 2400 Eutaw Place St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 23 1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Sol Levinson

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Sarah R. Levy

16. BIRTHPLACE (city or town) (State or country) Chicago Ill

17. INFORMANT Sol Levinson

(Address) 2400 Eutaw Pl

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Date 8/13 19 37

19. UNDERTAKER Ward Scheduling & Son

(Address) 1202 Eutaw St.

AUG 13 1937 Clayton Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/12 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/1 1937 to 8/12 1937

I last saw him alive on 8/11 1937. Death is said to have occurred on the date stated above, at 5.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Endocarditis	6/1/37.
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) Harry Tolchin Jr. M. D.

(Address) 2452 Eutaw Pl.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38178 — 94-3 — F 38178

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH: Eutaw Place & Wilson St. 14-1
CITY OF BALTIMORE: (No. Marlborough Apts. St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Julius H. Wyman — If U. S. Veteran specify WAR

(a) Residence: No. Marlborough Apts. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah H. Wyman

6. DATE OF BIRTH (month, day, year) Oct. 25, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alexandria, Va.

FATHER

13. NAME Emanuel Wyman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Block

16. BIRTHPLACE (city or town) (State or country) Bel Air Md.

17. INFORMANT Mrs. J. Wyman,
(Address) Marlborough Apts.

18. BURIAL, CREMATION OR REMOVAL
Place Balto. Hebrew Cem. Date Aug. 13, 1937

19. UNDERTAKER Harrd Sondheim & Son.
(Address) 1902 Eutaw Place.

20. FILED Aug 13 1937 — Clayton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 23 1937 to Aug 11 1937

I last saw alive on 8-11- 1937 Death is said to have occurred on the date stated above, at 11 15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary thrombosis	
acute Cardiac Dilatat.	
Other contributory causes of importance	
Coronary Thrombosis	
arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bernard J. Cohen M. D.

(Address) Marlborough Apts.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 38179 ✓ 93-F 38179

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6406 Rosemont Ave, St. 27-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary J. Borchers

If U.S. Veteran specify WAR .....

(a) Residence: No. Funeral Home. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of August Borchers

6. DATE OF BIRTH (month, day, year) March 25th 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	5	6 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME Mr. Merts

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Thresa Eichelberger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) John Borchers 1805 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug, 14th 1937

19. UNDERTAKER (Address) Geo. M. Fink & Son 811. N. Wolfe St.

3 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug.11th.1937

22. I HEREBY CERTIFY, That I attended deceased from July 29 . 1937 to Aug 11 . 1937

I last saw her alive on Aug 11 . 1937 Death is said to have occurred on the date stated above, at 9 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? /

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter H. White Jr. M.D.

(Address) 2800 St Paul St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38180 121 F 38180

Registered No.

1. PLACE OF DEATH Provident Hosp 15-1

CITY OF BALTIMORE: (No. 1514 Dennis St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Arthur Fry

If U. S. Veteran specify WAR

(a) Residence: No. 1578 W. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Fry

6. DATE OF BIRTH (month, day, year) 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Edward Fry

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Mildred ?

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Bessie Fry
(Address) 1578 Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL
Place Arodia Va Date 8/14 37 19

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pennsylvania Ave

20. FILED ... 19 ... Registrar

AUG 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-11 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-28 1937 to 8-11 1937

I last saw him alive on 8-11 1937 Death is said to have occurred on the date stated above, at 8:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendix Generalized Peritonitis	
Other contributory causes of importance:	

Was an operation performed? yes Date of 7-28

For what disease or injury?

Name of operation appendectomy & Drainage

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) T. E. Kelson, M. D.

(Address) Provident Hospital

38181 ✓ 38181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. 15-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Dorsey

(a) Residence: No. 1842 Lemmon St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Dorsey
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Bertie Morris
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Bertie Morris
(Address) 1842 Lemmon St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 8/16 37

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pennsylvania Ave.

FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/11 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/6 1937 to 8/11 1937

I last saw h alive on 8/11 1937 Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, left	8/6/37
& pleural effusion	acut
Other contributory causes of importance: Rheumatic Heart Disease	?
& cardiac enlargement - mitral stenosis	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
(Address) University Hospital

Menger

38182 HEALTH DEPARTMENT—CITY OF BALTIMORE F 38182

CERTIFICATE OF DEATH 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1124 Calhoun St. 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ernest Menger

(a) Residence: No. 1124 Calhoun St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 12 1924

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
12	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jackson N. C

FATHER

13. NAME Lonnie Menger

14. BIRTHPLACE (city or town) (State or country) Jackson N. C

MOTHER

15. MAIDEN NAME Carrie Hunt

16. BIRTHPLACE (city or town) (State or country) Jackson N. C

17. INFORMANT Mrs. Menger

(Address) 1124 Calhoun St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 8/14 37

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Eastmoor St.

Huntington Williams, MD

AUG 12 1937

EKG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-11 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-7 1937 to 8-11 1937

I last saw him alive on 8-10 1937. Death is said to have occurred on the date stated above, at 3:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia J. B.	8 days
Other contributory causes of importance: Empyema	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph Schneider M. D.

(Address) 1029 N. Stricker St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38183

122-BF 38183

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 Newington Ave. St. 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie G. Cook

If U. S. Veteran specify WAR

(a) Residence: No. 715 Newington Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----

6. DATE OF BIRTH (month, day, year) 12/24/53

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Daniel W. Cook

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Becker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Caroline V. Firor 715 Newington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Wards Chapel Date 8/14/37 19

19. UNDERTAKER John C. Mitchell & Son (Address) 1900 Eutaw Place

19 Signature

AUG 13 1937 Eutaw Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6 —, 1929, to August 12, 1937

I last saw h.. alive on August 12 1937 Death is said to have occurred on the date stated above, at 6.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	July 27 '37
Other contributory causes of importance:	
Arteriosclerosis	1935

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Post mortem Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Warfield M. Firor M. D.

(Address) Johns Hopkins Hospital

F 38184

38184 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

191

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1127 Orleans St. 5-2 (Ward)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert H Smith

(a) Residence: No. 1127 Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Smith

6. DATE OF BIRTH (month, day, year) July 6-1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Drakes Va

FATHER

13. NAME Rose Smith

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary A Brown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Cora Day
(Address) 802 Sterling St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Aug 14 1937

19. UNDERTAKER Edw. Burson
(Address) 194 Orleans St.

20. FILED Aug 16 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Exhaustion Sunstroke	Aug 10 1937
Essential Hypertension	June 1937

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) George S. Allen M. D.

(Address) 507 Augusta St

Elsie M. Loomer

F 38185

Size 6-9-19—H. P. Co.—1000 Blks.

38185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3200 Thurlow St. 15-7 (Ward)

2-FULL NAME Mrs Alma M. Loomer

(a) RESIDENCE (Usual place of abode) No. 3200 Thurlow St.. Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew F. Loomer

6 DATE OF BIRTH (month, day, and year) Apr. 15 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pittsfield Mass.

PARENTS

10 NAME OF FATHER Mitchell Montville

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Mary Gorha

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14 Informant (Address) Mrs. J. M. Holland 3107 Clifton ave.

15 Filed AUG 13 1937

Harrington Whitacre, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug-13-1937

17 I HEREBY CERTIFY, That I attended deceased from Jan-12-1934 to Aug-13-1937.

that I last saw her alive on Aug-12-1937.

and that death occurred, on the date stated above, at 6.40 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage with hemiplegia occurring Aug-7-1937.

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis senile.

(duration) 10 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Wesley Cole M. D.

8/13 1937 (Address) 220 N. Carrollton Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Derby, Conn

DATE OF BURIAL Aug 14 1937

20 UNDERTAKER Wm J. Tickner & Sons

ADDRESS N. & Pa. Ave.

38186 E 38186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 127

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St. 2-3 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W Funk

If U. S. Veteran specify WAR

(a) Residence: No. 701 S. Ann ST St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary E. Funk

6. DATE OF BIRTH (month, day, year) Sept. 2, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Funk

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Ann Hoey

16. BIRTHPLACE (city or town) (State or country) Parkton Maryland

17. INFORMANT Frederick Funk

(Address) 701 S. Ann St

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Cem. Date Aug 14, 37

19. UNDERTAKER M. J. Sadowski & Sons

(Address) 1808 Eastern ave.

FILED AUG 13 1937 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 11 1937

22. I HEREBY CERTIFY, That I attended deceased from July 30 1937 to aug 11 1937

I last saw him alive on aug 11 1937 Death is said to have occurred on the date stated above, at 12 20/A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystetis	1 mo.
Chronic Myocarditis	?
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? yes Date of 8-10-37

For what disease or injury? Ch. Cholecystetis

Name of operation Cholecystostomy

What test confirmed diagnosis? Op. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of Injury....., 19.....

Where did Injury occur? —
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank H Hellhausen M. D.

(Address) St Jos Hosp

38187 F 38187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 1 mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary Jane Kraft

(a) Residence: No. Ellicott City Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Kraft

6. DATE OF BIRTH (month, day, year) Dec. 19, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Frederick List

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Kraft
(Address) Ellicott City

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date May 13 1937

19. UNDERTAKER Easton Sons
(Address) Ellicott City

19... Registrar

MAY 13 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 11, 1937 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, how? ...

(Signed) ... M. D.

(Address) ... Coroner

F 38188

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38188

CERTIFICATE OF DEATH

Registered No. 127

1. PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No. 2 St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Louisa Hagengast

(a) Residence: No. 1214 Maiden Choice Rd. St., ... Ward. Balto. Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Henry

6. DATE OF BIRTH (month, day, year) Oct 5 1867

7. AGE: Years 69 | Months 10 | Days 3 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME ? Grau

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Horton

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Clarence Goetz

(Address) 1214 Maiden Choice Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 16 1937

19. UNDERTAKER Martin W. E. Dippel

(Address) 37 S. Ann St.

20. FILED ... 19 ... Registrar.

AUG 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-13-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-11-1937 to 8-13-1937

I last saw her alive on 8-12-1937 Death is said to have occurred on the date stated above, at 3 05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emfyema of Gall Bladder	1-1-37

Other contributory causes of importance: Chronic Myocarditis.

Was an operation performed? Yes Date of 8/6/37

For what disease or injury Emfyema of Gall Bladder

Name of operation Cholecystostomy

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Frank H. Stephenson, M. D.

(Address) 4 E. Fayette St.

38189 E 38189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X V45-E

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Balto. Md. 12-6

CITY OF BALTIMORE: (No.....St., ...Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S Veteran specify WAR

2. FULL NAME Elizah Parks

(a) Residence: No. Tylerton, Maryland. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

3a. If married, widowed, or divorced HUSBAND of (or WIFE of) Laura Crockett Parks

6. DATE OF BIRTH (month, day, year) December 3, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steward

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 5-[illegible]-33

11. Total time (years) spent in this occupation unkn.

12. BIRTHPLACE (city or town) (State or country) Tangier Va.

FATHER

13. NAME John E. Parks

14. BIRTHPLACE (city or town) (State or country) Tangier, Va.

MOTHER

15. MAIDEN NAME Mary Spence

16. BIRTHPLACE (city or town) (State or country) Tangier Va.

17. INFORMANT Records- U.S. Marine Hospital, (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place Hampden Date Aug. 13 1937

19. UNDERTAKER E. Lepoy Stiffler, Inc. (Address) 255 Montclair

20. FILED ....., 19..... Registrar.

AUG 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1933, to August 7, 1937.

I last saw him alive on August 7, 1937 Death is said to have occurred on the date stated above, at 6:23 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure, acute	unknown
Arteriosclerosis, general	"
Arteriosclerosis, coronary	

Other contributory causes of importance:

Was an operation performed? Yes Date of 7-21-33 10-10-[illegible]

For what disease or injury? Papilloma, Epithelioma.

Name of operation Excision of tumor. Dessication of verrucca, rt. cheek

What test confirmed diagnosis? P. M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, [illegible]

(Signed) R. Laurell M. D.

(Address) U. S. Marine Hospital, Balto. Md.

38190 F 38190

38190 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

195-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hospital, 9-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran: specify WAR .....

2. FULL NAME Joseph Bell

(a) Residence: No. 644 E. 36th St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie Bell

6. DATE OF BIRTH (month, day, year) Aug 13, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dispatcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph Bell

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wm. Stewart D. Bell

(Address) Lutherian P.O., A.A. Co. Md

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Aug 14, 37

19. UNDERTAKER John A. Mahon

(Address) 3000 E. Baltimore St.

20. FILED 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1937, to Aug 11, 1937. That I saw him alive on Aug 11, 1937. Death is said to have occurred on the date stated above, at 10⁰⁰ p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular disease	?
Cerebral Hemorrhage	1 day

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ....., 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank R. Stephenson M. D.

(Address) 22 E. 25th St.

FJ 1937

F 38191

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38191

CERTIFICATE OF DEATH

X 171

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St., 27 Ward 2

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr Lawrence Edwin Yaksel

(a) Residence: No. Montrose Road, Woodbrook, Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Mrs Ida E. Yaksel
~~(or) WIFE of~~

6. DATE OF BIRTH (month, day, year) Nov 11, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pres.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kohler Mfg Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Mr Louis Yaksel

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Barcamp

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION OR REMOVAL Buried Rodgers Aug 16, 37

19. UNDERTAKER Wm J. Tickner & Sons
(Address) North & Pa. aves

FILED AUG 13 1937 Clayton Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1937, to Aug 12, 1937

I last saw him alive on Aug. 12, 1937 Death is said to have occurred on the date stated above, at 5.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendix	8-8-37
Generalized peritonitis	8-8-37

Other contributory causes of importance:

Was an operation performed? Yes Date of 8-9-37

For what disease or injury? Acute appendicitis

Name of operation Appendectomy & drainage of abdomen

What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) S. D. Sunday, M. D.

(Address) Union Memorial Hospital

332911

38192

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38192

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert Lewis

(a) Residence: No. Belair - Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Lewis

6. DATE OF BIRTH (month, day, year): 10/17/74

7. AGE: Years 62 | Months 9 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (none)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Peter Lewis

14. BIRTHPLACE (city or town) (State or country): Md -

MOTHER

15. MAIDEN NAME: Nancy

16. BIRTHPLACE (city or town) (State or country): Md -

17. INFORMANT (Address): Records - JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place: Mt Calvary Date: Aug 16 1937

19. UNDERTAKER (Address): Dean & Foster Belair Md

20. FILED: Huntington Williams, Registrar

AUG 13 1937

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1937 to Aug 12, 1937

I last saw him alive on Aug 12, 1937. Death is said to have occurred on the date stated above, at 2.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Uremia	2 days

Other contributory causes of importance: Benign Prostatic Hypertrophy | 3 yrs

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Samuel A. Yeo M. D.

(Address) Johns Hopkins Hosp.

F 38193

38193 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

186-a

CERTIFICATE OF DEATH

Registered No. 1872

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) Bay View St. 251 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Was U. S. Veteran? specify WAR Spanish American

2. FULL NAME Joseph Green

(a) Residence: No. 1419 N. Bond (Transient) St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Sept 18-1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	17 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) Nov 1936

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph E. Green

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Richards

16. BIRTHPLACE (city or town) (State or country) Jamaica

17. INFORMANT Wm J. Green (Brother)

(Address) 515 9th Ave. North St Petersburg Fla.

18. BURIAL, CREMATION, OR REMOVAL Western Cem Date 8/14 37

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins Sts

13 1937 Huntington Williams, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, Autopsy or Inquiry) And that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Bronchio-Pneumonia (Acute Accident) (Fall at Jail, on back)

Date of onset Aug. 8-1937

(June 28-1937 about)

Other contributory causes of importance: Uremia Chronic Alcoholism. Nephrolithiasis 10 yrs

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 7-1937

Where did injury occur? City Jail (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place As above

Manner of injury Lacerated scalp

Nature of injury Concussion

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Bond St.

V S 6

38194 E 38194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. X ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Virginia Hagan

If U. S. Veteran specify WAR

(a) Residence: No. Ellicott City St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Washington E.

6. DATE OF BIRTH (month, day, year) July 9, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm. McKenzie

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth J. Tilly

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Joseph Keene
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Ft. Lafayette Date Aug 16 1937

19. UNDERTAKER Easton Sons
(Address) Ellicott City Md.

20. FILED 8-14 1937 Washington Witness, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 11, 1937, to August 13, 1937

I last saw her alive on August 13, 1937. Death is said to have occurred on the date stated above, at 7:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis accident	Aug 6, 1937 ?
Other contributory causes of importance:	
	Unk

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Grant Lynch M. D.

(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

38195 E 38195

CERTIFICATE OF DEATH

137

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME John Brunnett

(a) Residence: No. 1642 Cliftview Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~or WIFE of~~ Louise Brunett

6. DATE OF BIRTH (month, day, year) 2.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salt 1103

10. Date deceased last worked at this occupation (month and year) 1917

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME 2.

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME 2.

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT: Katherine Brunett

(Address) 1642 Cliftview Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 16th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

8 1937 ... F

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8 - 12 - 1937

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1937 to August 12, 1937

I last saw him alive on August 12, 1937 Death is said to have occurred on the date stated above, at 4:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Benign Prostatic Hypertrophy	30 yrs
Other contributory causes of importance:	

Was an operation performed? Yes. Date of 8-10-37

For what disease or injury Benign Prostatic Hypertrophy

Name of operation Prostatectomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

..... If so, specify .....

(Signed) Frank R Stephenson M. D.

(Address) St Joseph Hosp.

F 38196

HEALTH DEPARTMENT—CITY OF BALTIMORE

38196

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3232 Elliott St., 7-11 Ward

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm H. Tubb (Tubb) If U.S. Veteran specify WAR No Record

(a) Residence: No. 3232 Elliott St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Male	White	Widowed

3a. If ~~single, widowed, or divorced~~ HUSBAND of ~~WIFE~~ of Florence Tubb

6. DATE OF BIRTH (month, day, year) June 1st 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tonnageman

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME James Tubb

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Charlotte Hubbard

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Samuel Neal
(Address) 931 S. Bouldin St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Aug 16th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED AUG 14 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13th 1937

22. I HEREBY CERTIFY, That I attended deceased from July 30 1937 to Aug-13 1937

I last saw him alive on Aug 6 1937 Death is said to have occurred on the date stated above, at 2:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	?

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) N. J Davidson M. D.

(Address) 3228 Eastern ave

38197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38197

43-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7-11 N. Exeter St. St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Sachs (Sachs) If U. S. Veteran specify WAR No Record

(a) Residence: No. 7-11 N. Exeter St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 13, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balto

10. Date deceased last worked at this occupation (month and year) July 1937

11. Total time (years) spent in this occupation 1 m

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Max Sachs

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Susie Devrie

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Fred Kaiser
(Address) 110 N Castle St

18. BURIAL, CREMATION, OR REMOVAL
Place Interred Date Aug 16 1937

19. UNDERTAKER William Cook
(Address) 1711 E. Baltimore St.

4 1937 [illegible] Registrar

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 12, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained, by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1937

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel P. Miller, M. D.
1st Coroner

(Address) 133 S. Howard St.

E 38198

HEALTH DEPARTMENT—CITY OF BALTIMORE

38198

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 Reynolds St., 24-1 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isabel Lanehardt

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1406 Reynolds St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (for) WIFE of Andrew Lanehardt

6. DATE OF BIRTH (month, day, year) May 24 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	2	17	19

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) July 1937

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Isaac Allen

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary J. Williams

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Rose Seabury

(Address) 1406 Reynolds Street

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Aug- 14 37

19. UNDERTAKER Lorraine Corp

(Address) 111 St Paul Street

Aug 14 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 12th, 1936 to Aug 11th, 1937

I last saw her alive on Aug 10th, 1937 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General arterio-sclerosis, cerebral oedema chronic myocarditis	10/10/36

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? P.T. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, how? ...

(Signed) Henry Heilbrun M.D.

(Address) 1324-26 Hanover St

F 38199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital Ward) 27-11

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Reuben W. Musick

(a) Residence: No. 417 Notre Dame Ave. Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of ~~or WIFE of~~ Amanda Musick

6. DATE OF BIRTH (month, day, year) Dec 26, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	7	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printer

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Phila Pa

MOTHER FATHER

13. NAME Reuben W. Musick

14. BIRTHPLACE (city or town) (State or country) Allentown Pa

15. MAIDEN NAME Mary Ball

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Frank W. Musick

(Address) 417 Notre Dame Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Aug 16 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED AUG 14 1937 Registrar. Huntington Williams, M.D.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-13 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-10 1937 to 8-13 1937

I last saw him alive on 8-13 1937 Death is said to have occurred on the date stated above, at 5-45 p. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset

Other contributory causes of importance:

Uraemia — over

Was an operation performed? No — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) A. L. Ewalt M.D.

(Address) Md. Gen'l Hosp.

Cor.—12-9-25—A Co.—200 Bks.

38200

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38200

CERTIFICATE OF DEATH.

186-a+

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 4-9 Ward)

2-FULL NAME Alma Augusta Wever

(a) RESIDENCE NO. Fitch Ave. & Belair Rd. St. Ward Balto Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): Single

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 24, 1932

7 AGE: Years 5 | Months 3 | Days 17 | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none
(c) Name of employer: x

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER John Wever

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Clemons

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) New Jersey

14 Informant: Mr. John Wever
(Address) Fitch Ave. & Belair Rd.

15 [illegible] 19 [illegible] Registrar

4 1937

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 11, 1937 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Puncture Wound Abdomen (accidental) (over)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock & hemorrhage

(duration) yrs. mos. ds.

(Signed) Paul Schenthey, M. D.
(Coroner)

, 19 (Address) 1918 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery Date of Burial 8/16 19 37

20 UNDERTAKER Louis Heemann & Son ADDRESS 32 S Broadway

Louis Heemann & Son

332549
38201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46-F F 38201

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1-5 ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Howard Robinson

(a) Residence: No. Westwood, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Priscilla

6. DATE OF BIRTH (month, day, year) 7/27/89

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own farm
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Howard Robinson
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Georgianna Harris
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Westwood, Md. Aug 15 37

19. UNDERTAKER Rotchke Bros
(Address) Upper Marlboro, Md.

20. [illegible] 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1937, to Aug 13, 1937
I last saw him alive on Aug 13, 1937 Death is said to have occurred on the date stated above, at 2.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of head of pancreas	June

Other contributory causes of importance:

Was an operation performed? Yes Date of 8/4/37
For what disease or injury? Exploratory
Name of operation Exploratory laparotomy
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Edward S. Stafford M. D.
(Address) Johns Hopkins Hospital

F 38202

38202 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 S Linwood av 1-1 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Constance Mersha

If U. S. Veteran specify WAR

(a) Residence: No. 721 S Linwood ave St., Ward.
(Usual place of abode) Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul P. Mersha

6. DATE OF BIRTH (month, day, year) 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Andzeyeski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Wachnowicz

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Christine Mersha
(Address) 721 S Linwood ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date 8/16 37 19

19. UNDERTAKER John J. Duda
(Address) 258 N Hudson St

Filed AUG 16 1937 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13th 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 6th 1936 to Aug 13th 1937

I last saw her alive on Aug 12th 1937 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular disease	?
Cerebral Hemorrhage	7/31/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? P M Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Weiller M.D.

(Address) 124-26 Hanover St

F 38203

38203 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 192-a cc

Registered No. 1872

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No.) 702 S. Wallas St., 3-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR ✓

2. FULL NAME Ernest Walters

(a) Residence: No. 702 S. Wallas St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or WIFE of) Magdalena Walters

6. DATE OF BIRTH (month, day, year) May 18-1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Oskar E. Wallach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Reuter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Carrie Hailey (daughter)
(Address) 704 S. Wallas St.

18. BURIAL, CREMATION, OR REMOVAL
1st Evangelical Cem. Place Date Aug. 16. 1937

19. UNDERTAKER HENRY BANDER & SONS. INC.
(Address) Baltimore & Broadway.

20. FILED 14 1937 By Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart disease	1933
Other contributory causes of importance: None	

Was an operation performed? ✓ Date of

For what disease or injury? ✓

Name of operation ✓ Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury , 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. E. Wood Coroner M. D.

(Address) 1712 N. Broadway

F 33254

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38204 ✓140 F 38204

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 10-2 Ward

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marcella Harrison

If U. S. Veteran specify WAR

(a) Residence: No. 729 Greenmount Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: colored

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Charles

6. DATE OF BIRTH (month, day, year): 9/5/08

7. AGE: Years 28 | Months 11 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housemaid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): N. C.

FATHER

13. NAME: Edw Shaw

14. BIRTHPLACE (city or town) (State or country): N. C.

MOTHER

15. MAIDEN NAME: Cassie Drakes

16. BIRTHPLACE (city or town) (State or country): N. C.

17. INFORMANT: Records
(Address): JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL.
Place: Mt Calvary Cem Date: 8-14-37

19. UNDERTAKER: Bryant Harris & Wright
(Address): 1301 McElderry St

20. FILED: AUG 13 1937 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year): Aug 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1937 to Aug 11, 1937

I last saw her alive on Aug 11, 1937. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Abortal Infection	7/23/37
Septicemia	8/11/37

Other contributory causes of importance:

Was an operation performed? For what disease or injury?

Name of operation What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edd Cole M. D.

(Address) Johns Hopkins Hospital

George Allen MD
Coroners Dept

F 38205

38205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 16-1 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles B Large

(a) Residence: No. 1113 n Carrollton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ethel Large

6. DATE OF BIRTH (month, day, year) Dec 25-1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc B-O-

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Louis Miss.

MOTHER FATHER

13. NAME mk

14. BIRTHPLACE (city or town) (State or country) mk

15. MAIDEN NAME mk

16. BIRTHPLACE (city or town) (State or country) mk

17. INFORMANT Mrs Mary Ethel Large (Address) 1113 n Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Balto. National Date 8/13, 1937

19. UNDERTAKER Frank W. Chase Est (Address) 538 N. Gilmor

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, and from my own knowledge, I found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Concussion Laceration of Right Temporal Abrasion of forehead & face	Aug 11 1937

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation no Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 8-11, 1937

Where did injury occur? 1607 W. Lanvale St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Large

Manner of injury was knocked to ground by motor car

Nature of injury Cerebral Concussion

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George S. Allen M. D.

Coroner

(Address) 507 Cathedral St.

V S 6

M. D. B. 1268-9

F 38206

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38206

CERTIFICATE OF DEATH

✓157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 Dukeland St., 16-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Marie Beahler

(a) Residence: No. 615 Dukeland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 3, 1937

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James E. Beahler

14. BIRTHPLACE (city or town) (State or country) Cato, Md

MOTHER

15. MAIDEN NAME Agnes Mary Tuber

16. BIRTHPLACE (city or town) (State or country) Cato, Md

17. INFORMANT James E. Beahler
(Address) 615 Dukeland St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Aug 14 1937

19. UNDERTAKER Frederick A. Pole
(Address) 1200 W. Pombadee St.

20. FILED Aug 14 1937 Huntington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 13th, 1937, to Aug 13th, 1937
I last saw her alive on Aug 13th, 1937 Death is said to have occurred on the date stated above, at 7 00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia Livida	Aug 13/37

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy (Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Della M. D.

(Address) 2212 E. Baltimore St

H. D. P. 1268-9

E 38207

38207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. 6-5 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Flora Myers

(a) Residence: No. Marbyon Plaza - 21 W. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mch. 26 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	63	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Lewis Myers

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sarah Brenner

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. J. S. S. Freund

(Address) Pittsburgh Pa.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Balto. Hebr. Cem. Date Aug. 15, 1937

19. UNDERTAKER Laird Sondheim & Son

(Address) 1902 Eutaw Place

Filed AUG 14 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1937 to Aug 13, 1937.

I last saw her alive on Aug 13, 1937. Death is said to have occurred on the date stated above, at 12.22 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast & metastases	1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) Vernon H. Norwood, M. D.

(Address) Church Home & Infirmary

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38208

CERTIFICATE OF DEATH

F 38208

Registered No. 13-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3009 Keswick Road Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Eva B. McClure

(a) Residence: No. 3009 Keswick Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elisha McClure.

6. DATE OF BIRTH (month, day, year) Sept 17 1886.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	10	26.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Edward J. McClure

(Address) 712 - 7th St. S.E. Wash. D.C.

18. BURIAL, CREMATION, OR REMOVAL

Holy Cross Date Aug 16. 1937

19. UNDERTAKER Ehrenwerth & Son

(Address) 2415 Elm Ave

20. FILED Aug 16 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Intracranial Hemorrhage	8 hrs

Other contributory causes of importance:

Anaemia

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) John A. Evans Coroner, M. D.

(Address) Coroner

38209 F 38209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number?)

Length of residence in city or town where death occurred ... yrs. ... mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl "A" Nichols

(a) Residence: No. 704 W. Monument St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) Aug. 1st 1937

7. AGE	Years	Months	Days 17 13	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Nichols

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Thelma Dorne

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT James Nichols
(Address) 704 W. Monument

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date AUG 14 1937
Commissioner of Health

19. UNDERTAKER For H. A. Moore
(Address)

AUG 14 1937 Huntington Williams, Registrar.
3421

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 13th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1st, 1937, to Aug. 13th, 1937.

I last saw h... alive on Aug. 13th, 1937. Death is said to have occurred on the date stated above, at 4:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	1 Day
Hemorrhagic Disease of the Newborn	13 Days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? P. E. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) W. E. Gayler, M. D.

(Address) University Hospital

F 38210

F 38210 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 91-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Augustus Mills

(a) Residence: No. 105 N. Schroeder St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 16, 1917

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. not employed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winnsboro S. C.

FATHER

13. NAME Augustus Mills

14. BIRTHPLACE (city or town) (State or country) Winnsboro S. C.

MOTHER

15. MAIDEN NAME Jessie Parks

16. BIRTHPLACE (city or town) (State or country) Winnsboro S. C.

17. INFORMANT Elizabeth Ashford

(Address) 105 N. Schroeder St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Aug 16, 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED ..... 19..... Registrar.

AUG 4 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1937 to Aug 12, 1937

I last saw h alive on Aug 12, 1937. Death is said to have occurred on the date stated above, at 7:10 a.m.

The principal cause of death and related causes of importance were as follows:

Bacterial endocarditis, subacute — Date of onset May (1937)

Other contributory causes of importance:

none

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James D. Carr M. D.

(Address) 515 Mosher St

38214 E 38211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46-F

Registered No. .....

1. PLACE OF DEATH University Hospital 18-1 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Davis

(a) Residence: No. 828 Vine St. St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alexandria Va.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Virgie Bacon

(Address) 828 Vine St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Aug 14, 1937

19. UNDERTAKER Mrs Katie R Williams

(Address) 332 N. Schroeder St.

AUG 14 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-12-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-7-37, 19..., to 8-12-37, 19...

I last saw h[illegible] alive on 8-12-37, 19... Death is said to have occurred on the date stated above, at 12:30 P m.

The principal cause of death and related causes of importance were as follows:

CARCINOMA Body PANCREAS with METASTASIS

Date of onset

Other contributory causes of importance:

GENERALIZED ARTERIOSCLEROSIS

MALNUTRITION

Was an operation performed? NO Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) [illegible] M. D.

(Address) University Hospital

38212 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 38212

24378 JS

CERTIFICATE OF DEATH

Registered No. 125-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 16-12 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Springfield Johnson

(a) Residence: No. 823 Calhoun St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Pear Johnson

6. DATE OF BIRTH (month, day, year) 6-24-1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	43	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (None)

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Mose Johnson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lucinda Wilson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Waterbury, Md Date 8/16 37

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pressman St

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-13 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-12 1937 to 8-13 1937

I last saw him alive on 8-13 1937. Death is said to have occurred on the date stated above, at 8:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Liver abscesses	June 1937
Other contributory causes of importance:	

Was an operation performed? Yes Date of 6/16, 7/11, 8/6/37

For what disease or injury? Liver abscesses

Name of operation Incision & Drainage

What test confirmed diagnosis? Surgery Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. L. Woodward Jr. M. D.

(Address) Balto. City Hosp.

38213

HEALTH DEPARTMENT—CITY OF BALTIMORE

38213

CERTIFICATE OF DEATH 25309--CM

57-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 15-1 Ward)

12mo.

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR .....

2. FULL NAME Hazy Branch

(a) Residence: No. 1610 N. Gilmore St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-11-1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	6	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Valious

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Hattie Branch

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Aug 17 1937

19. UNDERTAKER George T. Nelson

(Address) 1303 Pennsylvania Ave

20. FILED Aug 17 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-26, 1937, to 8-11, 1937

I last saw him alive on 8-1, 1937 Death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory failure	
Broncho-pneumonia	7-26-37

Other contributory causes of importance:

Hydrocephalus.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. C. Goodwin, M. D.

(Address) Balt. City Hosp

38214 E 38214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 58 yrs. ..... mos. ..... ds.

2. FULL NAME Antoni Koch

If U. S. Veteran specify WAR .....

(a) Residence: No. 1734 Eastern Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wanda Koch

6. DATE OF BIRTH (month, day, year) June 13, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Mrs. Wanda Koch
(Address)

18. BURIAL, CREMATION, OR REMOVAL Leon. Place Holy Cross Date Aug 16 1937

19. UNDERTAKER [illegible] Stallard & Co
(Address) 1000 E. Lexington Ave

20. FILED Aug 14 1931 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1937 to Aug. 13, 1937

I last saw him alive on Aug. 13, 1937. Death is said to have occurred on the date stated above, at 1:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcus Septicemia	Aug 9, 37
diabetes mellitus	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Frank R. Stephenson M. D.

(Address) St. Jos Hosp.

38215 F 38215

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 2 7-12 Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred unknown How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillyan Schlueter (Libyann Schlueter)

(a) Residence: No. 210 Upnor Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 15 - 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	unknown	unknown	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady Waiters

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing store

10. Date deceased last worked at this occupation (month and year) July, 1937

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Independence Iowa.

FATHER

13. NAME Henry C. Schlueter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophie Brencker

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Hospital Records.
(Address) University Hospital

18. BURIAL, CREMATION, OR REMOVAL.
Place Druid Ridge Date Aug 16/37 19

19. UNDERTAKER J. B. Wippert & Son
(Address) 300 Eutaw Place

20. FILED AUG 14 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1937 to August 12, 1937

Last saw h alive on August 12, 1937 Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute gangrenous appendicitis with Jaboleus formation.	7/21/37
Peritonitis.	"
Pulmonary embolism	8/12/37

Other contributory causes of importance:

None

Was an operation performed? Yes Date of 7/24/37

For what disease or injury? Acute appendicitis

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Walter Henry Genzig Jr. M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

38216

V 93-C

CERTIFICATE OF DEATH

38216

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3139 Dudley ave 26-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna C. Hagan

(a) Residence: No. 3139 Dudley ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Sept 29 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	13 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Michael Hagan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret McKenna

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Catherine Hagan
(Address) 3139 Dudley ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Aug 16 37

19. UNDERTAKER John J. Moran
(Address) 3000 E. Balto St.
Huntington Williams, Md

AUG 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936 to Aug 12, 1937

I last saw h.. alive on Aug 11, 1937. Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	Jan. 1936
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Eugene L. Cassard Jr. M. D.

(Address) 514 Drury Lane

E 38217

38217 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1-5 ✓23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 S. Chester Street St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lawrence McDonald

If U.S. Veteran specify WAR ...

(a) Residence: No. 411 S. Chester Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ida McDonald

7. DATE OF BIRTH (month, day, year) Nov. 12, 1884

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in Bussines for himself

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John McDonald

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Anna Murdoch

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Mary Ida McDonald (Wife)
(Address) 411 S. Chester Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem Date Aug 16 1937

19. UNDERTAKER John M Webb
(Address) 401 S. Chester St

20. FILED 4 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 4 1937 to Aug 13 1937

I last saw him alive on Aug 11 1937. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Cirrhosis Liver non alcoholic	1935
Other contributory causes of importance: Cab. Nephritis Arteriosclerosis	

Was an operation performed? no Date of

For what disease or injury? over

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) J S Harding M. D.

(Address) 4810 Belair Rd

38218 E 38218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9-2 V 71a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME May Johnson

If U. S. Veteran specify WAR

(a) Residence: No. Pine Forks, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3-16-32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rockes, Md

FATHER

13. NAME Stanley Johnson

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Martha Harman

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Mother

(Address) Pine Forks, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Pine Grove Mo Date Aug 15, 1937

19. UNDERTAKER Howard Hyatt

(Address) Pine Grove Md

20. FILED Aug 16 1937 Elizabeth Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-14-, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-25-, 1937, to 8-14-, 1937

I last saw h alive on 8-14-, 1937 Death is said to have occurred on the date stated above, at 11:12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aplastic Anemia	March 1937
Other contributory causes of importance: Diphtheria and Convalescent Carrier	6-20

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Waghelstein M. D.

(Address) Sydenham Hosp

AUG 17 1937

F 38219

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38219

CERTIFICATE OF DEATH

12 to 295-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hosp. St., Ward)
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Simon Atkin
If U. S. Veteran specify WAR

(a) Residence: No. Whiteford St. Maryland Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Priscilla E. Atkin

6. DATE OF BIRTH (month, day, year) July 11 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Nursery
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman
10. Date deceased last worked at this occupation (month, year) 1932
11. Total time (years) spent in this occupation 006

12. BIRTHPLACE (city or town) (State or country) Whiteford Md.

FATHER

13. NAME Randall Atkin
14. BIRTHPLACE (city or town) (State or country) Oxford England

MOTHER

15. MAIDEN NAME Jane Battie
16. BIRTHPLACE (city or town) (State or country) Cecil Co. Md.

17. INFORMANT Hosp Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Delta, Pa. Date Aug 16, 1937

19. UNDERTAKER S. W. Holden
(Address) Delta, Pa.

15 1937 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 17th 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 1937 to Aug 17th 1937

I last saw h[illegible] alive on Aug 17th 1937. Death is said to have occurred on the date stated above, at 5:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	1934
Other contributory causes of importance: Carotine degeneration	Done'37
due to ? coronary occlusion	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) [illegible] M. D.

(Address) Union Memorial Hospital

83

✓ F 38220

3220 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

16-746-C

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2800 Ellicott Driveway St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary O. Lankford

(a) Residence: No. 2800 Ellicott Driveway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: C. L. Lankford

6. DATE OF BIRTH (month, day, year): Nov. 28-1871

7. AGE: Years 65 66 | Months 8 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 0 37

12. BIRTHPLACE (city or town) (State or country): Bristol Md

FATHER
13. NAME: David Nelson
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: Julia McBready
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs C. C. Lankford Jr
(Address) 2800 Ellicott Driveway

18. BURIAL, CREMATION, OR REMOVAL
Place: Meadowridge Date: Aug 16 37

19. UNDERTAKER: Geo. L. Berger Jr
(Address) 10 E Preston St

51337 19 Lexington Williams & Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 13 , 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 , 1937 to Aug 12 , 1937

I last saw her alive on Aug 12 , 1937 Death is said to have occurred on the date stated above, at 7 40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Intestine	?
Other contributory causes of importance:	

Was an operation performed? Yes Date of Not Known

For what disease or injury? Carcinoma of Intestine

Name of operation Colostomy Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Seagroth , M. D.

(Address) 1724 W. Lombard St

38221 ✓ F 38221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12-794-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2720 Huntingdon Avenue Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Clinton Disney

If U. S. Veteran specify WAR .....

(a) Residence: No. 2720 Huntingdon Avenue Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Disney

6. DATE OF BIRTH (month, day, year) December 27-1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Anne Arundel County

FATHER

13. NAME Wesley Disney

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co

MOTHER

15. MAIDEN NAME Margaret E. Warfield

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co

17. INFORMANT Mrs. Disney

(Address) 2720 Stod. Ave

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery Aug 16 1937

19. UNDERTAKER A. S. Matthaei

(Address) 3539 Gale St

20. FILED AUG 17 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12th 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1937 to Aug 12 1937

I last saw h[illegible] alive on Aug 12 1937 Death is said to have occurred on the date stated above, at 1.40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 day

Other contributory causes of importance:

Myocarditis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [illegible] M. D.

(Address) 811 Fidelity Bldg

F-38222

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38222

CERTIFICATE OF DEATH

8-2-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3658 Falls Road St. 13-6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Belle Parrish

(a) Residence: No. 3658 Falls Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word)
Female	White	Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Gordon Parrish

6. DATE OF BIRTH (month, day, year) January 15-1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Md

MOTHER FATHER

13. NAME Joseph Dandy

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Mary Swann

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mr Gordon Parrish
(Address) 3658 Falls Road

18. BURIAL, CREMATION, OR REMOVAL David Rodgers Aug 16 1937

19. UNDERTAKER D. O. Magoffin
(Address) 3539 Falls Rd

20. FILED AUG 16 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1933 to Aug 13 1937

I last saw her alive on Aug 13 1937. Death is said to have occurred on the date stated above, at 7:42 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Arteriosclerosis	1933
Chronic Myocarditis	1935

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) .....

38223 E 38223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-93-7

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3419 Chesnut Ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah E Jones

(a) Residence: No. 3419 Chesnut Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Alex N. Jones

6. DATE OF BIRTH (month, day, year) April 30-1854

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
83	3	14	13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll County Md

MOTHER FATHER

13. NAME George W Day

14. BIRTHPLACE (city or town) (State or country) Carroll County

15. MAIDEN NAME Sarah Hobbs

16. BIRTHPLACE (city or town) (State or country) Carroll County

17. INFORMANT Mrs Walter Jones (Address) 3419 Chesnut Ave

18. BURIAL, CREMATION, OR REMOVAL Mary Hamilton Date Aug 17 1937

19. UNDERTAKER J. D. Mayfield (Address) 2224 Lalli Rd

20. FILED AUG 18 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1 1936 to Aug 13 1937

I last saw her alive on Aug 13 1937 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral & Generalized arterio-sclerosis	?
Other contributory causes of importance: Hypertrophied Prostate Cancer	1 yr.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Nathan Weinberg M. D.

(Address) 1900 Eutaw Place

38224 51 ✓ 38224
3 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 133

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marion Prosser

If U. S. Veteran specify WAR .....

(a) Residence: No. Dillsburg Pa St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Park Prosser

7. DATE OF BIRTH (month, day, year) 7/15/98

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mich.

FATHER

13. NAME Arthur Platt

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Carris

16. BIRTHPLACE (city or town) (State or country) Isle of Man

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Dillsburg, Pa. Date Aug 15 37

19. UNDERTAKER John C. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED Huntington Williams M.D.
(Registrar)

AUG 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1937 to Aug 14, 1937

I last saw h[illegible] alive on Aug 14, 1937 Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia,	7-20-37
Other contributory causes of importance: Polycystic kidneys	
cystoscopic	

Was an operation performed? ... Date of 8-9-37

For what disease or injury? obstruction

Name of operation cystoscopic

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify .....

(Signed) Donald C. McCollum, M. D.

(Address) Johns Hopkins Hospital

38225 E 38225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93D White House

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2006 Baker St. 15 Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Scolnick

(a) Residence: No. 2006 Baker st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Late Samuel

6. DATE OF BIRTH (month, day, year): 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Helman Garsonski

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Fannie ?

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Fannie Scolnick

(Address) 2006 Baker st.

18. BURIAL, CREMATION, OR REMOVAL: Loher Rozedale Date May 15 1937

19. UNDERTAKER: D. J. Freeman Bro

(Address) 112 E. Biddle St.

20. FILED: AUG 3 1937 Clifton Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 15. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1937 to Aug 14 1937

I last saw h. alive on Aug 14 1937 Death is said to have occurred on the date stated above, at 12.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis supp	1937
Other contributory causes of importance: Hypertension	1930

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Clifton Williams M. D.

(Address) 1810 Eutaw Place

F 38226

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38226

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 E Baltimore St., 5th Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Isidore Silverman

If U.S. Veteran specify WAR .....

(a) Residence: No. 810 E Baltimore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of WIFE of: Tillie

6. DATE OF BIRTH (month, day, year): May 10 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lunch Room

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0644

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) (State or country): Russia

MOTHER FATHER

13. NAME: Solomon Silverman

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Bertha Bronstein

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Tillie Silverman 810 E Balto St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Southern ave Date: Aug 14 1937

19. UNDERTAKER (Address): Sol Levinson Bros 1127 E Balto St

20. FILED ..... By ..... Registrar

No. 1337

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1936 to Aug 14, 1937

I last saw h.im alive on Aug 12, 1937 Death is said to have occurred on the date stated above, at 6.00 p m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Sigmoid
Metastatic Carcinoma of the Liver

Date of onset .....

Other contributory causes of importance:

Was an operation performed? yes Date of Sept 1936

For what disease or injury? Carcinoma of the Sigmoid

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel J. Hanken M. D.

(Address) 3224 Gorsuch Falls

F 38227

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38227

CERTIFICATE OF DEATH

24-1205-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jacob M. Haspert

(a) Residence: No. 1430 Richardson St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 21 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevador

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Peater Haspert

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Magaline Rossbach

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Peater Haspert
(Address) 1430 Richardson

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Aug 16 1937

19. UNDERTAKER Chas. P. Sturm
(Address) 1501 E. Fort Ave

20. FILED AUG 17 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, thereon and from the evidence obtained by said Inquest, and that said deceased came to ... death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

Yes

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Injuries due to Accident	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, Homicide or Suicide? Date of injury Aug 13, 1937

Where did injury occur? Factory Room, Yard
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fell in Elevator Shaft

Nature of injury Internal Injuries

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Elevator Worker

(Signed) F. H. Gallion, M. D.
Coroner

(Address) 2757 N. Howard

38228 V F 38228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp 0-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Patricia Anne Grempler

If U.S. Veteran specify WAR ....

(a) Residence: No. Lin Thenin Heights St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	infant

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Aug 13, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER FATHER

13. NAME Edgar K Grempler

14. BIRTHPLACE (city or town) (State or country) Baltemore Md

15. MAIDEN NAME Dorothy L Lodar

16. BIRTHPLACE (city or town) (State or country) Baltemore Md

17. INFORMANT Mr Edgar K Grempler

(Address) Lutherean Heights, Md

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Aug 16 37

19. UNDERTAKER Thomas D Pettigrew

(Address) Glen Burnie, Md

20. FILED ... 19 ... Registrar.

AUG 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/15 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 13 . 1937 to Aug 15 . 1937

I last saw her alive on Aug 15 . 37 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? cl Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify .....

(Signed) D M Dixon M D M. D.

(Address) Bon Secours Hosp

38229 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38229

CERTIFICATE OF DEATH ✓ 159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 26-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Kehrwig

(a) Residence: No. 3215 Foster Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug. 13, 1937

7. AGE: Years | Months | Days: 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Robert Kehrwig

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Cecelia Taylor

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Mother
(Address): 3215 Foster Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Rosary Date: Aug. 16, 37

19. UNDERTAKER: Fred W Ozazdowski
(Address): 1730 Eastend Ave.

20. FILED: AUG 16 1937 Registrar: Huntington Matthews, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 13, 1937 to Aug 15, 1937

I last saw him alive on Aug. 15, 1937. Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset

Other contributory causes of importance: Atelectasis (?)

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney Lucas, M. D.

(Address) Sinai Hospital

38230 E 38230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#25513 SF

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Reynolds

If U. S. Veteran specify WAR

(a) Residence: No. 1027 Argyle Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aleck

6. DATE OF BIRTH (month, day, year) 2/11/1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70	70	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 8/16 37

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St

20. FILED AUG 15 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 2, 1937, to August 12, 1937

I last saw her alive on August 12, 1937. Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8-2-37
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. A. de Santalla M. D.

(Address) Baltimore City Hospitals

8231 4 14
3324

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38231

CERTIFICATE OF DEATH

V 46-e

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertha Meyers

If U. S. Veteran specify WAR .....

(a) Residence: No. 1029 Madison Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/9/79

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

15. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Cem Date 8/17/37

19. UNDERTAKER Frances A. Hemsley (Address) 571 W. Biddle St

20. FILED ..... 19 ..... Registrar

AUG 16 1937 Washington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1937 to Aug 14, 1937

I last saw her alive on Aug 14, 1937 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca of the colon	1937
Other contributory causes of importance:	

Was an operation performed? Yes Date of 8-2-37

For what disease or injury? Obstruction

Name of operation Resection of portion of colon

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Barnes Woodhall M. D.

(Address) Johns Hopkins Hospital

38232 F 38232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X √ 53-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Howard A. Kelly Hospital St. 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Augusta W. Brooks

(a) Residence: No. 5 Forest Drive, Catonsville St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John M Brooks

DATE OF BIRTH (month, day, year) November 14, 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70	1866	11 00 8	11 29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Jacob Krumm

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lizetta Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John M. Brooks (Address) 5 Forest Drive Caton.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem. Date August 17 1937

19. UNDERTAKER (Address) 1005 E. Baltimore St.

20. FILED 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 13 1937

22. I HEREBY CERTIFY, That I attended deceased from April 23rd 1937 to August 13th 1937

I last saw her alive on August 13th 1937. Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

Cancer Urinary Bladder

Date of onset cannot tell definitely. Died 1936.

Other contributory causes of importance:

Uremia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Biopsy by Cystoscope Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Curtis F. Burnam M. D.

(Address) 1418 Eutaw Place Balto. Md.

38236 E 38233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Murray (Joseph B. Murray

(a) Residence: No. 31 Alleghany Ave., Towson, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Helen D. Murray

6. DATE OF BIRTH (month, day, year): November 14, 1865

7. AGE: Years 71 | Months 9 | Days - | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Waverly Press

10. Date deceased last worked at this occupation (month and year): July 1937

11. Total time (years) spent in this occupation: 28 yrs.

12. BIRTHPLACE (city or town) (State or country): Towson Maryland

FATHER

13. NAME: Thomas Murray

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Louisa Herbert

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. Helen D. Murray

(Address) 31 W. Alleghany Ave., Towson

18. BURIAL, CREMATION, OR REMOVAL

Place: Greenmount Cemetery Date: Aug. 16, 1937

19. UNDERTAKER: Peter Kooken

(Address) 1003 W. Baltimore St.

20. FILED 19 Registrar.

AUG 16 1937 Filed for Publication

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1937 to Aug 14, 1937

I last saw him alive on Aug 14, 1937 Death is said to have occurred on the date stated above, at 10:30 a. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of kidney — Date of onset

Secondary anemia

Other contributory causes of importance:

Generalized arteriosclerosis

Hypertension

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Roland E. Brein, M. D.

(Address) University Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38234 CERTIFICATE OF DEATH F 38234

Registered No. 11-346-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 240 W. Chase St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred about 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Wm. Pardon

(a) Residence: No. 240 W. Chase St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Pardon

6. DATE OF BIRTH (month, day, year) Sept 14 1884

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
52	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (Oil)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florida

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. Fosh

(Address) 240 W. Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Cem Date Aug 16, 1937

19. UNDERTAKER Mrs. P. A. E. Elliott-Daughter

(Address) 1129 N. Caroline St Huntington Williams, Md

Registrar.

20. FILED AUG 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1937, to Aug 13, 1937

I last saw h alive on Aug 13, 1937. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Cancer of Stomach — Date of onset 6 mo

Other contributory causes of importance:

Pneumonia

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Bitzer, M. D.

(Address) 817 Hamilton Ter

332838

8235

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38235

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Koval

If U. S. Veteran specify WAR .....

(a) Residence: No. 601 Washington St., ... Ward. Blsd

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1/22/24

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
13			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Koval

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mary Stech

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records - JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL. a.a.Co.

Place Holy Trinity Russian Date Aug. 17 37

19. UNDERTAKER John Grebliauckas

(Address) 423 S. Paca St.

AUG 16 1937 E. C. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1937 to Aug 17, 1937

I last saw him alive on Aug 14, 1937 Death is said to have occurred on the date stated above, at 5 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency due	1936
to rheumatic heart disease,	1928
with mitral stenosis and insufficiency	
and chr. auricular fibrillation.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Mitchell Grabnick, M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38236

CERTIFICATE OF DEATH

8-5 46-3F 38236

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1625 E. North Ave. St., 8-5 Ward)

Length of residence in city or town where death occurred 67 yrs. 6 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jennie Holtzmann

(a) Residence: No. 1625 E. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) Jan. 31, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

13. NAME George Holtzmann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katherine Keim

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Louise Holtzmann

(Address) 1625 E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Aug 16, 37

19. UNDERTAKER Wm. H. Tickner & Sons

(Address) North & Pa. Aves.

20. FILED Registrar

AUG 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1937 to Aug 13, 1937

I last saw her alive on Aug 13, 1937 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction (Acute)	8/13/37
Other contributory causes of importance: Carcinoma of Stomach	

Was an operation performed? yes Date of Oct. 1936

For what disease or injury? Carcinoma Stomach

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Eugene L. Cesas M. D.

(Address) 5-4 Druid Park

38237

HEALTH DEPARTMENT—CITY OF BALTIMORE

38237

CERTIFICATE OF DEATH

V 125-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3707 Hayward St. 27-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Anna Weber

(a) Residence: No. 3707 Hayward St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Charles Weber

6. DATE OF BIRTH (month, day, year): May 16-1854

7. AGE: Years 82 | Months 4 | Days 29 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Henry Engel

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Mary L. Haeser

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Mary L. Schwab

(Address) 3707 Hayward ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Londontown Date: Aug 16 1937

19. UNDERTAKER: H. Truman Sloan

(Address) North Avenue

20. FILED: Aug 16 1937 — Huntington Williams, M.D. Registrar.

LKG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1937 to Aug 14, 1937

I last saw her alive on Aug 14, 1937. Death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	1 mo.
Other contributory causes of importance: Arterio-sclerosis	over 15 yrs.
Abscess Liver	1 mo.

Was an operation performed? Yes. Date 7-13-37

For what disease or injury? Abscess Liver (Operation)

Name of operation Opening abscess Liver Removal of Gall Stones

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emerith Lovell M. D.

(Address) 3705 Liberty Hgts Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38238 ✓59 F 38238

CERTIFICATE OF DEATH

Registered No. 8-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2237 E. Federal St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret A. Schaefer

If U. S. Veteran specify WAR

(a) Residence: No. 2237 E. Federal St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem'l

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frederick K. Schaefer

6. DATE OF BIRTH (month, day, year): July 10th 1875

7. AGE: Years 62 | Months 4 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: John Engelhardt

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Anna Yekel

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Rose Gebmeyer

(Address) 1041 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: Wed. 18 1937

19. UNDERTAKER: Hoeck & Sons Inc.

(Address) 1361 Eutaw & W St

20. FILED: AUG 19 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1937 to Aug 15, 1937

I last saw her alive on June 14, 1937 Death is said to have occurred on the date stated above, at 2:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	1-30
Glycosuria	
Other contributory causes of importance: Broken Femur	1 day

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? (If so, specify)

(Signed) W. J. Gross M. D.

(Address) 6 E Mt Rd

38239 F 38239

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 160-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., 16 - Surg Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Baby Boy Vassilaro

If U. S. Veteran specify WAR

(a) Residence: No. 907 Allston St St., ...Ward.

(Usual place of Abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 6, 1937

7. AGE Years	Months	Days	If LESS than 1 day, 3 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Pete Vassilaro

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Dorothy Cagistametini

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

JOHNS HOPKINS MEDICAL SCHOOL AUG 16 1937 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED ..... 19..... Registrar.

AUG 16 1937 E. G. F. Williams M.D.

234

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on August 6 1937 Death is said to have occurred on the date stated above, at 9:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial injury	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) The Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38240

38240

CERTIFICATE OF DEATH

✓ 160-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Congland

(a) Residence: No. 821 E. Forest St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 10, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
				17

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Sherman Congland

14. BIRTHPLACE (city or town) (State or country) Halifax, North Carolina

MOTHER

15. MAIDEN NAME Gertrude Jetta Taylor

16. BIRTHPLACE (city or town) (State or country) Weldon, North Carolina

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Johns Hopkins Medical School AUG 16 1937

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

AUG 16 1937 Registered ... Baltimore, Md.

1342 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on August 11 1937 Death is said to have occurred on the date stated above, at 12.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial injury	Aug 10

Other contributory causes of importance:

Precipitate birth

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) The Johns Hopkins Hospital, M. D.

(Address)

38241 **HEALTH DEPARTMENT—CITY OF BALTIMORE** #16815 SF

F 38241

CERTIFICATE OF DEATH

46-D

18-1

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Richardson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1004 Carrollton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married (sep.)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie

6. DATE OF BIRTH (month, day, year) 2/13/1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
32	32	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Maggie Stith

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Zion Date Aug 17 1937

19. UNDERTAKER Joseph G. Tuffley
(Address) 1400 N. Mount St

20. FILED AUG 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-15-1937

22. I HEREBY CERTIFY, That I attended deceased from 9-1 1936, to 8-15 1937

I last saw h.. alive on 8-14 1937. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma rectum with metastases	Before March 1934
Other contributory causes of importance:	

Was an operation performed? Yes Date of 3/6/34 & 3/14/34

For what disease or injury? (1) Carcinoma rectum (2) Int. Obstruction

Name of operation (1) Resection rectum (2) Release int. obstn.

What test confirmed diagnosis? Surgery Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) H.K. Woodward M. D.

(Address) Balto. City Hosp.

38242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 119

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Frank Cernik

(a) Residence: No. 1512 N. Chapel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	white	—

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4-1-37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Cernik

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Marie Stolla

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Co. Date Aug 19 1937

19. UNDERTAKER Henry Hoen & Son Inc
(Address) 301 E. Fayette St

FILED AUG 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1937, to Aug 16, 1937

I last saw him alive on Aug 16, 1937. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Diarrhea more - specific Mastoiditis

Date of onset: 7-22-37, 8-12-37

Other contributory causes of importance:

Was an operation performed? Yes Date of Aug 12, 1937

For what disease or injury? Mastoiditis.

Name of operation Bilateral mastoidectomy.

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Wm. C. Stiffler Jr. M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38243

CERTIFICATE OF DEATH

82-F 38243

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 W Clement St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence In city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hubbard B. Quarles

If U. S. Veteran specify WAR

(a) Residence: No. 103 W Clement St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gertrude E Quarles

6. DATE OF BIRTH (month, day, year) Oct 20, 1872.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. B & O R R

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME George W. Quarles

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Martha J. Evans

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Gertrude E. Quarles

(Address) 103 W. Clement St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Aug 17, 1937

19. UNDERTAKER C. Howard Evans

(Address) 1422 E Chase St

20. FILED AUG 16 1937 Washington Wilkinson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1937 to Aug 14, 1937

I last saw h[illegible] alive on Aug. 14, 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/10/37
Other contributory causes of importance: Paralysis of right side	

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John N Evans M. D.

(Address) 612 N 40 St

M. D. F. 1268-9

8241 Adela Winifred Chalmers

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38241

CERTIFICATE OF DEATH

1. PLACE OF DEATH church home or infirmary — Registered No. 46-P

CITY OF BALTIMORE: (No. N. Broadway St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 6 mos. 0 ds. How long in U. S. If of foreign birth? 17 yrs. — mos. — ds.

2. FULL NAME Mrs - Ada W Chalmers

(a) Residence: No. Cecil Apt. 1111 N Eutaw St., 11 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced — ~~Husband~~ Widow of Robert Scott Chalmers

6. DATE OF BIRTH (month, day, year) June 27, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	2 1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glasgow Scotland

FATHER

13. NAME James Matthew Burnet

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Margaret D Honeyman

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Miss Margaret Chalmers (Daughter)
(Address) Cecil Apts. Balt. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Aug 17, 1937

19. UNDERTAKER Henry W. Jenkins & Sons
(Address) McCulloh & Orchard Sts

Registrar

AUG 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8 - 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-22, 1937, to 8-15, 1937

Last saw h e alive on 8-14, 1937. Death is said to have occurred on the date stated above, at 3.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	March 37
Hemorrhage - Intestinal	6-22-37
Cardiac Failure	8-15-37

Other contributory causes of importance:
Metastasis to Liver

Name of operation Resection of Colon Date of 1937

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Wesley L. Keef M. D.
(Address) Church Home & Inf

HEALTH DEPARTMENT—CITY OF BALTIMORE

38245

CERTIFICATE OF DEATH

46-EF 38245

1. PLACE OF DEATH

Maryland Gen Hospital

CITY OF BALTIMORE: (No. Baltimore St. 36-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? 36 yrs. mos. ds.

2. FULL NAME Mr Louis N Tomat X

If U. S. Veteran specify WAR

(a) Residence: No. 221 S. Conklin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Mar'd

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept. 2 1899

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	11	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Leather Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lestanz Italy

13. NAME ~~Adam Tomat~~

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Lucia Ciani

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Adam Tomat (Father)

(Address) 221 S. Conklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Aug. 18 19 37

19. UNDERTAKER Frank Della Noce

(Address) 52 N. Motley St.

AUG 16 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-15 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-10-37 1937 to 8-15 1937

I last saw him alive on 8-14 1937 Death is said to have occurred on the date stated above, at 5:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	
Other contributory causes of importance:	

Was an operation performed? Exploratory Date of 8-12-37

For what disease or injury? Carcinoma of Liver

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Richard J. Williams M. D.

(Address) Md. General Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38246 E 38246

CERTIFICATE OF DEATH

693-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers of America Hosp. Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

2. FULL NAME Mrs. Henry Eise

If U.S. Veteran specify WAR

(a) Residence: No. 3003 Wylie Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (~~or WIFE~~ of) Hattie Eise.

6. DATE OF BIRTH (month, day, year) April 28-1858.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Jacob Eise

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Magdalena Aebach

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Dr. Arthur D. Eise

(Address) 3003 Wylie Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Aug. 18, 1937

19. UNDERTAKER Francis C. Byer

(Address) 1500 W. Pratt St.

Lexington Funeral Home

20. FILED AUG 16 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1937 to Aug 15, 1937

I last saw h~~im~~ alive on Aug 15, 1937 Death is said to have occurred on the date stated above, at 10 05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	1935
Chronic Myocarditis	1935
Other contributory causes of importance Congestive Heart failure	Aug 5, 1937

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Leonard M. Hummel M. D.

(Address) Vol. Of America Hosp. 418 W. Lexington St.

F 38247

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38247

CERTIFICATE OF DEATH

82-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 W. 40th St. 13-7 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Sterner.

If U. S. Veteran specify WAR

(a) Residence: No. 908 W. 40th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Frederick Sterner

6. DATE OF BIRTH (month, day, year) July 12, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Joseph Baflinger.

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Bertha Cox
(Address) 4705 Buchanan Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Marys Hampden Date Aug 17 1937

19. UNDERTAKER Chenoweth Bros.
(Address) 201 E. Chestnut Ave.

20. FILED Huntington Williams
6 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 19 37, to Aug 14th, 19 37

I last saw h[illegible] alive on Aug 1st, 19 37. Death is said to have occurred on the date stated above, at 6:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Arteriosclerosis	
Cerebral Hemorrhage	Aug 14, 37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

F 38243 ✓ 3+24+ F 38243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1031-N. Gilmor St., 16th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Viola Grant Scribner Hester

If U. S. Veteran specify WAR

(a) Residence: No. 1031-N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Hester

6. DATE OF BIRTH (month, day, year) 3-4-1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	5	11	10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thos. Grant

14. BIRTHPLACE (city or town) (State or country) York.

MOTHER

15. MAIDEN NAME Susan Scott

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Henry Hester
(Address) 1031 N. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL
Place Stevens Funeral Home Date Aug 17 1937

19. UNDERTAKER Mrs. Robert Elliott Saunders
(Address) 1124 Pennsylvania Ave.

20. FILED Huntington Williams, Registrar.

AUG 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-1, 1937 to 8-14, 1937

I last saw her alive on 8-14, 1937. Death is said to have occurred on the date stated above, at 3 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	8/1/37
Pericarditis	8/7/37
Endocarditis	8/7/37

Other contributory causes of importance:

Septic Sore Throat
Bronchitis

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas. R. Blake, M. D.

(Address) 924 Fayette St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38249 — CERTIFICATE OF DEATH — 52 — F 38249

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Francis Convent 501 Chester St.) 10-1 Ward)

Length of residence in city or town where death occurred 31 yrs. ...mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Sr. M. Agatha Consuella Clifford — If U. S. Veteran specify WAR .....

(a) Residence: No. St. Frances Convent St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Color	Single

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mathodic Carter

6. DATE OF BIRTH (month, day, year) May 1882

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
54	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 068

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME John Clifford

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Ella Christopher

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sister, Mt. Teresa
(Address) St. Frances Convent

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Aug 17 1937

19. UNDERTAKER Miss M. Elliott daughter
(Address) 1129 Caroline St

20. FILED ... Registrar

AUG 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1937 to Aug 14th 1937

I last saw her alive on Aug 13th 1937. Death is said to have occurred on the date stated above, at 12:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma of Face (malignant)	1935
Myocardial Insufficiency	1937
Other contributory causes of importance: Cellulitis	

Was an operation performed? U Date of ?

For what disease or injury? ?

Name of operation ?

What test confirmed diagnosis? Microscopic Was there an autopsy? U

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
U If so, specify .....

(Signed) J. A. Chalard, M. D.

(Address) 530 W. Cath St

F 38250 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 38250 Registered No. 1572

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Standard Oil Pier 18

CITY OF BALTIMORE: (No.) Clinton St + Canton Ave St., Ward 26-6

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Brent Jacobsen (Bernt Jacobson) If U. S. Veteran specify WAR

(a) Residence: No. Usual place of abode St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Not Known

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Nov. 25-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 3rd asst Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S.S. Madrona

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Aarstad Norway

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Relative, Engineer - Withy Co. (Address) 1 South St

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem. Date Aug. 17, 1937

19. UNDERTAKER Joseph H. Cook (Address) 1005 N. Baltimore St.

20. [illegible] Registrar.

AUG 6 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	Aug 15-1937
Fell on Pier S. Oil Co. 15 feet Intoxicated ✓	
Other contributory causes of importance: Alcoholism ✓	

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 16 1937

Where did injury occur? Standard Oil Pier (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place as above

Manner of injury Fell on Pier (Intoxicated)

Nature of Injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood Coroner M. D.

(Address) 1712 N. Broadway

38251 HEALTH DEPARTMENT—CITY OF BALTIMORE 38251

CERTIFICATE OF DEATH

Registered No. 1872

1. PLACE OF DEATH Balto. City Hospitals
CITY OF BALTIMORE: (No. Gay Ward) St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hobart Ausmith
If U. S. Veteran specify WAR Confederate Civil War.

(a) Residence: No. 2521 Frederick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie

6. DATE OF BIRTH (month, day, year) Jan 14-1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
92	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Yes Occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Ausmith
14. BIRTHPLACE (city or town) (State or country) not known

MOTHER

15. MAIDEN NAME Ellen Rodgers
16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Cem. Date Aug. 17 1937

19. UNDERTAKER Margaret A. Flynn
(Address) 1422 Light St.

AUG 16 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 15 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) did find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	Aug 13-1937
Senility	
Other contributory causes of importance: Fracture neck of femur	Aug 7-1937

Was an operation performed? Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Broadway

V 66

Spec.—2-29-28—L. F. S.—500 llka.

F 38252

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38252

CERTIFICATE OF DEATH

REGISTERED NO. 92-a

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1534 Carswell ST. 9-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Madeline Elizabeth Cole

(a) RESIDENCE NO. 1534 Carswell ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Russell R. Cole

7 DATE OF BIRTH (month, day, and year) Jan 3, 1908

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Herbert H. McComas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mabel L. Stanley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant H. H. McComas

(Address) 1534 Carswell St

15 Filed AUG 16 1937 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 13, 1937

17 I HEREBY CERTIFY, That I attended deceased from April 2, 1937, to Aug 13, 1937,

that I last saw h[illegible] alive on Aug 13, 1937

and that death occurred, on the date stated above, at 5, 30 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

with dilitation

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Rheumatic Fever

cardiac dilitation (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Geo. L. Timmerman, M. D.

Aug 15, 1937 (Address) 2357 Harford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood

DATE OF BURIAL Aug 17 1937

20 UNDERTAKER Howard K McComas

ADDRESS Aberdeen Md

F 38253 ✓ 3E 38253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 700 W. 40th St. St. 13-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 9 mos. 16 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Amelia Rider

(a) Residence: No. Home for Incurables St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Nov. 30, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65 66	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. milliner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William E. Rider

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Charlotte Lovering

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Catherine E. Allen

(Address) Home for Incurables

18. BURIAL, CREMATION, OR REMOVAL

Place BALTIMORE Date Aug 17 1937

19. UNDERTAKER Charles H. Black

(Address) 742 W North Ave

6 1937 ..... Registrar, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1937, to Aug. 15, 1937

I last saw her alive on 8/14/37, 1937. Death is said to have occurred on the date stated above, at 4:12 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Cerebral Hemorrhage	8/12/37

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Conrad Acton, M. D.

(Address) Home for Incurables

F 38254

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38254

CERTIFICATE OF DEATH

82-a

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 Poplar Grove St. 15-b Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie A. Lockerman

If U. S. Veteran specify WAR

(a) Residence: No. 1702 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: James M. H. Locker

6. DATE OF BIRTH (month, day, year): Aug 26 1877

7. AGE: Years 59 | Months 11 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John W Tucker

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Anna W Tuke

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: James M. Lockerman
(Address) 1702 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Pk Date: Aug 18, 37

19. UNDERTAKER: H. Howard Evans
(Address) 1400 Pennsylvania Ave

20. FILED: AUG 16 1937 Registrar:

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): aug 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1937 to aug 16, 1937
that I last saw alive on aug 16, 1937 Death is said to have occurred on the date stated above, at 1100 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/19/37
Other contributory causes of importance: Thrombosis	2 days

Was an operation performed? no Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If [illegible]

(Signed) H. H. Campbell M. D.

8/16/37 (Address) 1644 Hanover St

M. D. B 1268-9

F 38255 HEALTH DEPARTMENT—CITY OF BALTIMORE F 38255

CERTIFICATE OF DEATH

√ 173 38255

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital St., 21-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Vincent Merendino

If U. S. Veteran specify WAR World W.V.

(a) Residence: No. 1200 Bayard St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 4 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carini Italy

FATHER

13. NAME Pietro Merendino

14. BIRTHPLACE (city or town) (State or country) Carini Italy

MOTHER

15. MAIDEN NAME Giuseppa Bommarito

16. BIRTHPLACE (city or town) (State or country) Carino Italy

17. INFORMANT (Address) Frank Merendino (Brother) 4033 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem. Date Aug. 17 19 37

19. UNDERTAKER (Address) Frank Dilla Vale 52 N. Morley St

AUG 17 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 15, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest (Inquest, Autopsy or Inquiry) and from the evidence obtained by said Autopsy & Inquest (Inquest, Autopsy or Inquiry) said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound of Chest	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or Homicide Date of injury Aug. 15, 1937

Where did injury occur 1200 Bayard St Balto, Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place On Steps of Home

Manner of Injury Shot with Pistol

Nature of Injury Wound of L. Corotid Arteries

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. K. Cullen, M. D. Coroner

(Address) 3757 Harford Rd

F 38256

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 38256

CERTIFICATE OF DEATH

J-2 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR No Record

2. FULL NAME George F. Woelper

(a) Residence: No. 4809 N. Milton Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine Woelper

7. DATE OF BIRTH (month, day, year) January 25, 1872

8. AGE: Years 65 | Months 6 | Days 20 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Officer

10. Date deceased last worked at this occupation (month and year) 1922

11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Eugene Woelper

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Rebecca Myers

16. BIRTHPLACE (city or town) (State or country) New York, N.Y.

17. INFORMANT J. Gordon Woelper

(Address) 6211 Pinehurst Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Morland Park Date Aug 18th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED AUG 19 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 9, 1937 to August 15, 1937

I last saw him alive on August 15, 1937. Death is said to have occurred on the date stated above, at 5:40 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-Vascular Renal disease with Uremia — Date of onset

Other contributory causes of importance: Generalized Arteriosclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Milton Levin M. D.

(Address) 1 W Saratoga

Spec.—2-29-28—L. F. S.—500 Bks.

F 38257

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38257

V 121

CERTIFICATE OF DEATH

1—PLACE OF DEATH Franklin Square Hospital REGISTERED NO. 27010

CITY OF BALTIMORE: (No. ____ Franklin Square ST., ____ WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Della Thomas

No Record

(a) RESIDENCE NO. 512 Richwood Ave ST., ____ WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. ____ mos. ____ ds. How long in U. S., if foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	wh	single

6 If married, widowed, or divorced (HUSBAND of (or) WIFE of) ____

7 DATE OF BIRTH (month, day, and year) Oct 29-1918

8 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	18	9	15	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ____

(c) Name of employer ____

10 BIRTHPLACE (city or town) Balto (State or country) Md

11 NAME OF FATHER C. Bruce Thomas

12 BIRTHPLACE OF FATHER (city or town) ____ (State or country) Maryland

13 MAIDEN NAME OF MOTHER Della Kinnoman

14 BIRTHPLACE OF MOTHER (city or town) ____ (State or country) Maryland

15 Informant A/S Bruce Thomas (Address) 512 Richwood Ave

Filed ____, 1937 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 14-37

17 I HEREBY CERTIFY, That I attended deceased from 8-10-37, 19____, to 8-14, 19 37, that I last saw h.er alive on 8-14, 19 37 and that death occurred, on the date stated above, at 7 25 P m.

The CAUSE OF DEATH* was as follows:

Acute appendicitis

(duration) ____ yrs. ____ mos. 4 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) ____ yrs. ____ mos. 1 ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? yes Date of 8-10-37

Was there an autopsy? no

What test confirmed diagnosis? ____

(Signed) J. Howe Mowen, M. D.

, 19 (Address) 315 Belair Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Moreland Park

DATE OF BURIAL Aug 18-1937

20 UNDERTAKER William Cook

ADDRESS 1217 St Paul St

38258 HEALTH DEPARTMENT—CITY OF BALTIMORE 38258

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 16-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Catherine Oster

(a) Residence: No. 3614 Edmondson Ave St., ... Ward. ..... No { War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of John Oster

6. DATE OF BIRTH (month, day, year) Nov 9th 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Gerhard Schultz

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Sarah McKeown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Catherine Rainhalter

(Address) 23 S. Augusta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Aug 18th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED ..... 19 ..... Registrar.

AUG 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/15 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/9 . 1937 to 8/15 . 1937

I last saw her alive on 8/15 . 1937 Death is said to have occurred on the date stated above, at 5:45 p m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiovascular Disease with Decompensation. — Date of onset ?

Other contributory causes of importance:

Hydro thorax

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clin Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Irving Freeman M. D.

(Address) University Hosp.

F 38259 #25816

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38259

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospitals St. 13 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. life ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.
If U. S. Veteran specify WAR No Record

2. FULL NAME Mary Burton
(a) Residence: No. 818 Newington Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. Evert

6. DATE OF BIRTH (month, day, year) 9/5/1871

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME John Flaherty
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Catherine Kelly
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL Date Aug 19th 1937
Place Cathedral Wm Cook
19. UNDERTAKER (Address) 1217 St Paul St

20. FILED 19 Registrar.
AUG 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 13, 1937, to August 16, 1937. Death is said to have occurred on the date stated above, at 4 15a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic bronchitis	Jan 1927
Emphysema, pulmonary	June 1937

Other contributory causes of importance:

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation Clinical
What test confirmed diagnosis? Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. McLaughlin, M. D.
(Address) Baltimore City Hospitals

38260

HEALTH DEPARTMENT—CITY OF BALTIMORE

38260

CERTIFICATE OF DEATH

(MB) 95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 13-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Louis H. Belt

(a) Residence: No. 3331 Paine St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 10/17/58

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
78	78	9	35	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer - Helper

9. Industry or business in which work was done, as saw mill, bank, etc. Laundry - City Hospitals

10. Date deceased last worked at this occupation (month and year) Aug 1937

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME John S. Belt

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Eliz.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Zion (Pikesville Md.) Aug 18th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 E. Paul St

20. FILED ..... 19..... Registrar.

17 1937 Huntington Millard, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 12 1937

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1937 to August 12, 1937

I last saw him alive on August 12, 1937 Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	3-2-37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. L. DeSantis, M. D.

(Address) Baltimore City Hospitals

F 38261 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 93-e F 38261

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2800 Matthew St., 9-th Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George M. DeMoss

If U.S. Veteran specify WAR No Record

(a) Residence: No. 2800 Matthews St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of Annie Effie DeMoss

6b. DATE OF BIRTH (month, day, year): 1860

7. AGE: Years 77 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Produce Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): 1931

11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (city or town) (State or country): Balto Co Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Chas. A. Knight 609 McKewin Ave

18. BURIAL, CREMATION, OR REMOVAL: London Park Date Aug 7th 37

19. UNDERTAKER (Address): Williams Goode 1217 St Paul St

FILED AUG. 7 1937 Registrar Evington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 15th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1937 to Aug 15, 1937

I last saw him alive on 11 A.M. - 1937 Death is said to have occurred on the date stated above, at 12:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure -	?
Chronic myocarditis	
Other contributory causes of importance:	
Arteriosclerosis	?
Hypertension	?

Was an operation performed? No Date of ...

For what disease or injury? None

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank M. Odem, M. D.

(Address) 2701 N. Calvert

38262 E 38262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 119

Registered No. Sinai

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 2 mos. 27 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carolyn Sylvia Schools

(a) Residence: No. 1214 N Chester St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, year): 5-19-1937

7. AGE: Years 0 | Months 2 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Martin Schools

14. BIRTHPLACE (city or town) (State or country): Richmond Va

MOTHER

15. MAIDEN NAME: Octavia Price

16. BIRTHPLACE (city or town) (State or country): Mt Olive N C

17. INFORMANT: Mr Martin Schools

(Address) 1214 N Chester St

18. BURIAL, CREMATION, OR REMOVAL

Place: Maryland Mem Pk Aug 17 1937

19. UNDERTAKER: Albert A Wilkes

(Address) 606 N Chester Street

20. FILED ..... 19 ..... Registrar.

AUG 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-15-37 19

22. I HEREBY CERTIFY, That I attended deceased from 8-2-37 19 ..... to 8-15-37 19 .....

I last saw her alive on 8-15-37 19 ..... Death is said to have occurred on the date stated above, at 3:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea	8/1/37
Pneumonia (con)	8/13/37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Irving Barber M. D.

(Address) Sinai Hospital

38263 F 38263

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2311 Hunter St St., 12-4 Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James E. Webster

If U.S Veteran specify WAR ...

(a) Residence, No. 2311 Hunter St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: C.

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Mamie C. Webster

6. DATE OF BIRTH (month, day, year): Nov. 25, 1866

7. AGE: Years 70 | Months 8 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Charles Co Md

FATHER

13. NAME: ? Webster

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Catherine Ford

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mamie C. Webster

(Address) 2311 Hunter St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 8/18/ 1937

19. UNDERTAKER: Frances A. Hemsley

(Address) 578 W. Biddle St

20. FILED ... 19 ... Registrar.

8 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 14 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 8 . 1936 to Aug 14 . 1937

I last saw him alive on Aug 14 . 1937. Death is said to have occurred on the date stated above, at 4.30 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset: ?

Other contributory causes of importance:

Cardio-Sclerosis — Date of onset: ?

Was an operation performed? no Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) J. Leroy Wright M. D.

(Address) 1117 N. Broadway St

8264 E 38264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16-8 93-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George T. Shealey

(a) Residence: No. 802 N. Hilton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice A. Shealey

6. DATE OF BIRTH (month, day, year) Feb. 10, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Chas. W. Shealey

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rebecca Allen

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Wm. B. Holbrook
(Address) 802 N. Hilton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 8/1/37 19

19. UNDERTAKER Harry H. Nuttle
(Address) 1101 Edmondson Ave.

20. FILED 19 Registrar.

AUG 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 14, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. K. Cochran M. D.
Coroner

(Address) 2757 Ins. St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38265

CERTIFICATE OF DEATH

23 F 38265

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 S. Stricker St. St., 19-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah E. Ebersole

If U. S. Veteran specify WAR .....

(a) Residence: No. 321 S. Stricker St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Abraham H. Ebersole

6. DATE OF BIRTH (month, day, year) March 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joseph Smith

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Abraham H. Ebersole

(Address) 321 S. Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk Date Aug. 18 37

19. UNDERTAKER Geo L. Berger Jr

(Address) 512 Collins St

Lington Williams, M.D.

Registrar

AUG 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to Aug 15, 1937

I last saw her alive on Aug 15, 1937 Death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	2 yrs
	2 yrs
Other contributory causes of importance:	
acute cardiac dilatation	1 day

Was an operation performed? no Date of .....

For what disease or injury? none

Name of operation none Date of .....

What test confirmed diagnosis? clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Benjamin Miller, M. D.

(Address) 20 30 W Lexington Ave

8266

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38266

CERTIFICATE OF DEATH

1. PLACE OF DEATH Saint Agnes Hospital Registered No. 210-M

CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank L Dowling If U. S. Veteran specify WAR .....

(a) Residence: No. 1119 Pine Heights Ave St., Ward Baltimore Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eulora Dowling

6. DATE OF BIRTH (month, day, year) 3/30/1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as grinder, sawyer, bookkeeper, etc. Coal Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Home

MOTHER

15. MAIDEN NAME Ellen Groves

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Robert Dowling
(Address) 1119 Pine Heights Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loraine Cem Date 8/18/37

19. UNDERTAKER Thos. F. H. Smith
(Address) 2512 Ed St

20. FILED Aug 17 1937 19 Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Fracture left arm	
" Forearm	
" left Clavicle	
Shock	

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug 15 1937
Where did injury occur? Pine Heights & Walbrook Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street
Manner of injury Walking on front & Parked Bus
Nature of injury Struck by on coming auto

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hubert Gentry Autz M. D.
Coroner
(Address) 902 N Charles St.

38267 K 38267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 48 Registered No. W 2640

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 910 Jordan St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Frances Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 910 Jordan St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	married

3a. If married, widowed or divorced: HUSBAND of (or) WIFE of Oscar Johnson

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Houses Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portsmouth Va.

FATHER

13. NAME Cahern

14. BIRTHPLACE (city or town) (State or country) — —

MOTHER

15. MAIDEN NAME Annie Copeland

16. BIRTHPLACE (city or town) (State or country) Southampton Va.

17. INFORMANT Miss Edna Farbe.

(Address) 329 W. Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date Aug 7 1937

19. UNDERTAKER Adolphus Hall

(Address) 918 Druid Hill Ave

20. DATE AUG 7 1937, 19 Registrar.

Lexington Mattress, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/15, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937 to Aug 15, 1937

I last saw her alive on Aug 15, 1937 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	Jul 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Watts, M. D.

(Address) 5154 Harrington Ave

F 38268

38268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 1-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna E. Romoser

If U. S. Veteran specify WAR .....

(a) Residence: No. 734 S. Ellwood Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Winfield Scott Romoser

6. DATE OF BIRTH (month, day, year) 11/20/1891

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	45	8	26	X

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frank Zajic

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Julia Chobash

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mary Schaefer

(Address) 234 N. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL Place Western Cem. Date 8/19/37

19. UNDERTAKER Geary & Butler Inc

(Address) 1205 Hollins

20. FILED 8/19/1937

Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1937 to August 15, 1937

I last saw her alive on August 15, 1937 Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolus	Aug. 15, 1937
Rheumatic Heart Disease	Abt., 1936

Other contributory causes of importance:

Raynaud's Disease	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank R. Stephenson M. D.

(Address) 1 E. Fayette St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38269 F 38269

CERTIFICATE OF DEATH

1. PLACE OF DEATH Cottman's Crane Pier (2) 1-1 183 Registered No. 1877

CITY OF BALTIMORE: (No. Canton St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Transient yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Henry Olsen If U. S. Veteran specify WAR

(a) Residence: No. S. S. Stonepool St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S.S. Stonepool

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME A. Olsen

14. BIRTHPLACE (city or town) (State or country) 105 Elder st. North Shield England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Albert White
(Address) Mate S.S. Stonepool

18. BURIAL, CREMATION, OR REMOVAL
Place Memorial Park. Date August 17 1937

19. UNDERTAKER Le Roy L. Hedges
(Address) 6201 Harford Rd

20. FILED Aug 17 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, and from (Inquest, Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned in Harbor	
Accident. Intoxicated	Aug 14-1937

Other contributory causes of importance:
Alcoholism

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug 14. 1937.

Where did injury occur? Cottman's Crane Pier (2)
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place as above

Manner of injury Drowned (Cottman's)

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Broadway

O.K. Paul Thurber, M.D.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

38270 — CERTIFICATE OF DEATH — 186-a F 38270

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5503 Elsrode St. 27-6 Ward)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie F. Fleischman

(a) Residence: No. 5503 Elsrode Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles H. Fleischman

6. DATE OF BIRTH (month, day, year) March 28-1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry C. Kunkel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Kirk

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Charles W. Fleischman
(Address) 5503 Elsrode Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date Aug 17. 1937

19. UNDERTAKER Joseph Deptford Son & Co
(Address) 2417 Pascal St.

FILED AUG 17 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 14. 1937

22. I HEREBY CERTIFY, That I attended deceased from April 7. 37. to Aug. 14. 1937
I last saw her alive on Aug. 14 1937. Death is said to have occurred on the date stated above, at 9:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis	1 yr.
Uremia	
Other contributory causes of importance: Fracture Spine	Apr. 7. 37

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Apr. 7 1937

Where did injury occur? Home.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Rose on chair cleaning & fell

Manner of injury Off

Nature of injury Fracture body 12th dorsal.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Mark H. Krieger M. D.

(Address) 5111 York Rd.

F 38271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 38271

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No.) 613 N. Eden St., 10-2 Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Bishop

If U. S. Veteran specify WAR

(a) Residence: No. 613 N. Eden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James A Bishop

6. DATE OF BIRTH (month, day, year) Unknown 1857?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80 yrs?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William ?

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Eliza Campbell

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Joseph Bishop

(Address) 613 N. Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemetery Date Aug. 18, 1937

19. UNDERTAKER Mrs Ida Bailey

(Address) 1421 Jefferson St

AUG 17 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-15, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-12, 1937 to 8-15, 1937

I last saw her alive on 8-14, 1937 Death is said to have occurred on the date stated above, at 9 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial Nephritis	?
Chr. Myocarditis	?
Other contributory causes of importance:	
Arterio-sclerosis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harned Brown M. D.

(Address) 1300 E. Madison St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

38272

CERTIFICATE OF DEATH

✓ 131 F 38272

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5815 Royal Oak St. 26-2 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Walter Grabill

(a) Residence: No. 5815 Royal Oak St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Alice Stevenson Grabill

6. DATE OF BIRTH (month, day, year) Oct 21, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Traveling

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods Notions

10. Date deceased last worked at this occupation (month and year) 8/14/37

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Samuel Grabill

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Elizabeth Bolzley

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT (Mrs) John W Grabill

(Address) 5815 Royal Oak Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date 8/18 ... 1937

Hillsboro. E. M. Waltz.

19. UNDERTAKER Mayfield Md.

(Address)

AUG 17 1937 Huntington Williams, M.D.

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1937 to August 16, 1937

I last saw h~~im~~er alive on August 16, 1937 Death is said to have occurred on the date stated above, at 7:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular renal disease	5 years
Other contributory causes of importance:	
Cerebral hemorrhage	Aug 15 1937

Name of operation ... Date of ...

What test confirmed diagnosis. ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Roger M Griffith M. D.

(Address) 2435 Maryland Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38273

CERTIFICATE OF DEATH

131 F 38273

1. PLACE OF DEATH Aged Womens Home

CITY OF BALTIMORE: (No. 1404½ Lexington St. 16-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 90 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta Stephenson

If U. S. Veteran specify WAR

(a) Residence: No. 2311 W Fairmade St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 24, 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Stephenson

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Gaw

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT William S. Roose

(Address) 3523 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date Aug 18, 1937

19. UNDERTAKER J. Vernon Keehner

(Address) 230 Edmondson Ave

20. FILED AUG 17 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/19/31, 19, to 8/15/37, 19

I last saw her alive on 8/14/37, 19. Death is said to have occurred on the date stated above, at 11 45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	
Arteriosclerosis, general	
Nephritis, chronic	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did Injury occur?

(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward B. Ford M. D.

(Address) 1115 St. Paul St., City.

F 38274

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38274

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital - Balto. St., 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR WW

2. FULL NAME Harry Jones

(a) Residence: No. 512 West Street, Balto., Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Indy Wallace Jones

6. DATE OF BIRTH (month, day, year) March 22, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trimming coal.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O RR

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sussex County Virginia

FATHER

13. NAME Henry Jones

14. BIRTHPLACE (city or town) (State or country) Sussex County Virginia

MOTHER

15. MAIDEN NAME Emma Hunt

16. BIRTHPLACE (city or town) (State or country) Sussex County Virginia

17. INFORMANT Records- U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Natl Cemetery Aug 18 1937

19. UNDERTAKER Joseph A. Ripley
(Address) 1619 Mount Street

DATE AUG 17 1937 Huntington Undertaking Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1937 to August 14, 1937

I last saw him alive on August 14, 1937. Death is said to have occurred on the date stated above, at 6:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, cardiovascular-renal.	Indefinite
Uremia, acute, terminal, septic.	Aug. 1937
Pneumonia, lobular.	Aug. 1937

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical & X-ray findings. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R K Bryant, M. D.

(Address) U.S. Marine Hospital- Balto., Md.

38275

HEALTH DEPARTMENT—CITY OF BALTIMORE

38275

CERTIFICATE OF DEATH

12-8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 McMechen St. 14-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME ROBERT E. McGEENEY Sr.

(a) Residence: No. 111 McMechen St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dora McGeeney

6. DATE OF BIRTH (month, day, year) Dec. 24, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plumbing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Agnes Mansfield

(Address) 2205 E. North Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Aug 1937

19. UNDERTAKER Chas. F. Brandenburg Sons

(Address) 118 W. Mt. Royal Ave. Huntington Williams, Inc.

20. FILED AUG 17 1937

MEDICAL CERTIFICATE OF DEATH

21. ~~DATE OF~~ DEATH (month, day, year) Aug. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1937 to Aug 16 1937

I last saw h.. alive on Aug 16 1937. Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	?
Other contributory causes of importance: Acute Dilatation of Heart	1 Day
Chr Hypertrophic Cirrhosis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edmund Carter, M. D.

(Address) 114 E. Lexington

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38276 | 180 | F 38276

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital St., 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sylvania Clayton

(a) Residence: No. 1314 W Lafayette Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 6-1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Child.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Salmadge Clayton

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Nellie Johnson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Salmadge Clayton

(Address) 1314 Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Aug 17 1937

19. UNDERTAKER George G. Nelson

(Address) [illegible] Washington, N.C.

Registrar

20. FILED AUG 17 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st 2nd - 3rd Degree Burn - Body - Face - Lower and upper extremities	Aug 15 1937

Other contributory causes of importance: —

Was an operation performed? — Date of

For what disease or injury? —

Name of operation. Date of

What test confirmed diagnosis? Sterling Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 15 1937

Where did injury occur? 1314 Lafayette Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Burns received & burns

Nature of injury Completely 2nd floor

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) George L. Allen Coroner M. D.

(Address) 50 Lafayette Ave

8277 ✓ F 38277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2702 Reisterstown Road St., 15-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas M. Braguniers. If U. S. Veteran specify WAR None.

(a) Residence: No. 2702 Reisterstown Road St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Sarah R. Braguniers.

6. DATE OF BIRTH (month, day, year): April 17, 1873.

7. AGE: 64 Years | 3 Months | 28 Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired; Railway

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mail Clerk.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hagerstown, Md.

FATHER

13. NAME: James Braguniers.

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Elizabeth Hose.

16. BIRTHPLACE (city or town) (State or country): Delaware.

17. INFORMANT: Mrs. Sarah R. Braguniers.

(Address) 2702 Reisterstown Road.

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cem. Date: Aug 18, 37.

19. UNDERTAKER: Charles J. Schugal.

(Address) 206 No Monroe St.

20. FILED: 8-11-37 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-15-37

22. I HEREBY CERTIFY, That I attended deceased from July 1 19 37 to Aug 15 19 37 19 ..... last saw h alive on Aug 15 19 37 Death is said to have occurred on the date stated above, at 6:27 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocarditis July 1-37

Coronary Disease

Other contributory causes of importance:

Acute Cardiac Dilatation

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? No

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) Howard Rusby M. D.

(Address) 800 N Eutaw St

E 38278.

38278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 #25815 SF

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City nospitals St., 13-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Warner Neal

(a) Residence: No. 1013 Whitelock St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hannah

6. DATE OF BIRTH (month, day, year) 9/13/1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	55	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Watt Neal

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Carrie Blackwell

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Mem'l Pk. Aug. 18' 37

19. UNDERTAKER Wm. Geo. N. Holland
(Address) 1631 Druid Hill Ave

20. FILED 8 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-13, 1937 to 8-14, 1937

I last saw him alive on 8-14, 1937 Death is said to have occurred on the date stated above, at 11:65 p.m.

The principal cause of death and related causes of importance were as follows:

Diabetes mellitus — Date of onset ? ,

Lipoidosis cystica

Other contributory causes of importance:

Was an operation performed? Yes Date of 8-14-37

For what disease or injury? Lipoidosis cystica

Name of operation Suprapubic cystotomy

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) A. C. Brantigan M. D.

(Address) Baltimore City Hosp

38279 F 38279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B #25725 SF

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ruth Keys

(a) Residence: No. 625 Pitcher St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/7/1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40	40	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Chambers

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Mem. Pk. Date Aug. 18 '37

19. UNDERTAKER Mrs Geo. H. Kalbfus

(Address) 1631 Druid Hill Ave

20. FILED 19 Registrar.

AUG 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 9, 1937, to August 15, 1937.

I last saw her alive on August 15, 1937. Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Jan. 1937
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. A. de Sanctis, M. D.

(Address) Baltimore City Hospitals

✓ F 38280

38280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital. St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 10 mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank H. Fager.

(a) Residence: No. 331 E. 27th St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, XXXXXXXXXX HUSBAND of XXXXXXXX Mary E. Fager.

6. DATE OF BIRTH (month, day, year) October 8, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Yellow Taxi.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Louis Fager.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Catherine Berline.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mary E. Fager. (wife)
(Address) 331 E. 27th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug 19 1937
for Chas. H. Elsner Sons

19. UNDERTAKER [illegible]
(Address) 324 S. Eutaw St.

AUG 19 1937 [illegible] Registrar

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 16, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) Otto M. Reinhardt M. D.
Coroner

8/17/37 (Address) 1017 S. Charles St.

F 38281

HEALTH DEPARTMENT—CITY OF BALTIMORE 38281

CERTIFICATE OF DEATH

Registered No. 117-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital. St. 25-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 6 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Alice V. Willis.

(a) Residence: No. 1000 Wilmington Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of William E. Willis.

6. DATE OF BIRTH (month, day, year) January 31, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Daniel H. Ledley.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Mary Knox.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Daniel H. Ledley. (father)
(Address) 104 S. Callendal St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudenn Park Date 8/ , 19

19. UNDERTAKER Harry H. Pritzlaff
(Address) 7 ... Edmondson Ave

20. FILED ... 19... Registrar.

AUG 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis due to	
Rupture of Duadenal Ulcer.	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation Hospital Autopsy & inquiey Date of ...

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Otto Reinhardt, M. D.
Coroner

8/17/37 (Address) 1017 S. Charles St.

F 38282 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

Registered No. 27-48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3333 Belvedere Ave. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William H. Hare

(a) Residence: No. 3333 Belvedere Ave. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (nee Sheridan) Late Theresa A. Hare

6. DATE OF BIRTH (month, day, year) 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Hare

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Merle J. Butler (Address) 3309 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Cem. Date Dec. 10, 1937

19. UNDERTAKER Harry H. Leitzke (Address) 401 Gwynn Oak Ave.

20. Filed Dec. 10, 1937 Registrar.

27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 10, 37

22. I HEREBY CERTIFY, That I attended deceased from May 9, 37 to Aug 13 1937

I last saw h alive on Aug 14, 37 Death is said to have occurred on the date stated above, at 5-40 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate

Duration between Prior to May 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? No

What test confirmed diagnosis...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm. J. Johnson M. D.

(Address) 403 Medical Arts Bldg

F 3828 HEALTH DEPARTMENT—CITY OF BALTIMORE F 3828

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2501 Edmondson Ave St. 26-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cecelia F Esslinger

If U. S. Veteran specify WAR

(a) Residence: No. 2501 Edmondson (Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick Esslinger

6. DATE OF BIRTH (month, day, year): Dec 30 18 1882

7. AGE: Years 54; Months 7; Days 16; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: a t homee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: John Kamps

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Frank

16. BIRTHPLACE (city or town) (State or country): Germ any

17. INFORMANT: Dr Frederick Esslinger

(Address): 2501 Edmondson A ve

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto Co Date: Aug 19 37

19. UNDERTAKER: John Ford Ulman

(Address): Eutaw & Lexington Sts

Filed: 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 16 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1937 to Aug 16 1937

I last saw her alive on Aug 16 1937 Death is said to have occurred on the date stated above, at 5 50 m.

The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation — Date of onset: Aug 10 37

Other contributory causes of importance:

Acute Dilation of heart,

Was an operation performed? no Date of —

For what disease or injury? No

Name of operation —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard L Esslinger M. D.

(Address) 1517 E. Baltimore St. Balto Md

F 38284 ✓3 F 38284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

169

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 36-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harriet J Poole

(a) Residence: No. 4306 Woodbourne ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 8, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George M Poole

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Carrie M Brandon

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. M. Poole

(Address) 4306 Woodbourne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Aug 19 19 37

19. UNDERTAKER John Gilbert

(Address) 2008 Orleans St

20. FILED Aug 17 1937 at Livingston Bldg. Wilkens Ave & Pa. Ave. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16, 1937.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractures of both tibias, fibulas and femurs	Aug 16, 37
Other contributory causes of importance: Shock	Aug 16 37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 16, 1937

Where did injury occur? Baltimore Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell 16 feet

Nature of injury Crushing & shock

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel A Wolfe M. D.

(Address) 133 E Saratoga St Coroner

V S 6

F 38285

F 38285 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a C.C.

Registered No. 1872

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 2321 E. Hoffman St. 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 4 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Herman Zulauf

If U. S. Veteran specify WAR ...

(a) Residence: No. 2321 E. Hoffman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced HUSBAND of Ida M. Zulauf

6. DATE OF BIRTH (month, day, year) March 23 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lithographer

10. Date deceased last worked at this occupation (month and year) Aug. 14-1937

11. Total time (years) spent in this occupatinn 53 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Conrad Zulauf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Fleckenstein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harry E Zulauf
(Address) 2235 Rhoda

18. BURIAL, CREMATION OR REMOVAL
Place Balto Cem Date Aug 18 37

19. UNDERTAKER John H Ulmer
(Address) 2008 Orleans

20. FILED 8 1937 Harrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	1922

Other contributory causes of importance: No. History

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. E Wood, M. D.
Coroner

(Address) 1712 N. Broadway

V S 6

F 38286 ✓3 82 38286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St Joseph' Hospital 27-b Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Hesse

(a) Residence: No. 6006 Bertram Ave (Bertram Ave) St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired
10. Date decreased last worked at this occupation (month and year) 1921
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Albert Hesse
14. BIRTHPLACE (city or town) (State or country) Ger

MOTHER

15. MAIDEN NAME Katherine Hunt
16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs Katherine Kunst
(Address) 1210 Olive St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Aug 18 1937

19. UNDERTAKER John Ulbrich & Son
(Address) 2004 Orleans St

20. FILED AUG 17 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1937 to Aug 15, 1937
I last saw him alive on Aug 15, 1937 Death is said to have occurred on the date stated above, at 2.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy of Prostate — Urinary Obstruction ?	over
Other contributory causes of importance: Chronic Myocarditis.	

Was an operation performed? Yes Date of 7-13-37
For what disease or injury? Hypertrophy of Prostate
Name of operation Resection of prostate
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...
Where did Injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R. Stephenson M. D.
(Address) St Jos Hosp

Spec.—1-10-21—MAT—1500 Blks.

F 38287 ✓ 38287 F 38287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

106-a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1621 (St.) W. Lafayette Ave (Ward) 16-3

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Calvert Jerome Wilson

(a) RESIDENCE NO. 1621 (St.) W. Lafayette Ave (Ward) .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred all life ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Infant

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year): 12-3-36

7 AGE: Years 8 Months Days 14 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Jessie Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Viola Snyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Viola Wilson 1621 W. Lafayette Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 17 1937

17 I HEREBY CERTIFY, That I attended deceased from Aug 8 1937 to Aug 17 1937

that I last saw him alive on August 16 1937

and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

Acute bronchitis - last

tuberculosis -

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. J. Coleman M. D.

19 (Address) 1537 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 8/18 1937

20 UNDERTAKER: Saml. W. Chandlee & Son — ADDRESS: 638 Belmont

AUG 17 1937

F 38288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V3823 38288

43

1. PLACE OF DEATH Univ Hospital. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 4-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Lorraine Frank.

(a) Residence: No. Chestertown Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) John Taylor Frank.

6. DATE OF BIRTH (month, day, year) Nov 25-1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Perryman Md

FATHER

13. NAME Frederick Tarwell

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Mary Pearson

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Mrs Ed Riley

(Address) 1803 N Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL Place Churchville, Md Date Aug 19. 1937

19. UNDERTAKER J. H. Goode

(Address) Chestertown, Md

20. FILED ..... 19 ..... Registrar.

AUG 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17 . 1937

22. I HEREBY CERTIFY, That I attended deceased from July 6 . 1937. to Aug 17 . 1937

I last saw her alive on Aug 17 1937. Death is said to have occurred on the date stated above, at 1:P m.

The principal cause of death and related causes of importance were as follows:

Cardiac failure. — Date of onset 7/15/37

Hypertensive Cardio-vascular disease. — ?

Other contributory causes of importance:

Fibroid Tuberculosis of Right Lung? — own

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 ....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Joseph E. Buck M. D.

(Address) Univ Hospital.

38289 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 3 & 288 (38289)

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 N. Patterson Pk. Ave St. ..... Ward)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 54 yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Marlow Melba

(a) Residence: No. 507 N. Patterson Pk. Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma Melba

6. DATE OF BIRTH (month, day, year) Sept 30, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Joseph Melba

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Ankarovan

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Emma Melba
(Address) 507 N. Patterson Pk Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug. 18, 1937

19. UNDERTAKER Frank Gracy Son
(Address) 1906 Eastern Ave

Aug 17 1937 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 13. 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1937 to Aug 17, 1937

I last saw him alive on Aug 13, 1937. Death is said to have occurred on the date stated above, at 12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	July 1937
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) E. L. Cessna M. D.

(Address) 514 Drury Lane

F 38290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 3-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sophie [redacted] Wroblewska (24273) If U. S. Veteran specify WAR .....

(a) Residence: No. 710 S. Bond St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 18, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	11	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE 0059

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Adam Denbick

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Rose ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Aug. 18 37

19. UNDERTAKER Fred W. Ozdarowski
(Address) 1930 Eastern Ave

20. FILED 17 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1937, to August 15, 1937

I last saw her alive on August 15, 1937 Death is said to have occurred on the date stated above, at 7:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs.	April 1937.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) W. G. Cassidy M. D.

(Address) Baltimore City Hospitals

F 38291

HEALTH DEPARTMENT—CITY OF BALTIMORE

59 F 38291

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH: St Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton Ave St., 18 Ward 3)
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. John Guilfoy

(a) Residence: No. 41 S. Poppleton St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 9, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
67 66		9	10 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Missionary Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME John Guilfoy

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Grout

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Leonard Palmer
(Address) 7416 95th Drive N.Y.

18. BURIAL, CREMATION, OR REMOVAL
Place David Ridge Date Aug 19 1937

19. UNDERTAKER Ambrose Inc.
(Address) 10 W. Lanvale St.

20. FILED 19 Registrar

AUG 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 16th, 1937 to August 16th, 1937
I last saw him alive on Aug. 16th, 1937 Death is said to have occurred on the date stated above, at 10:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	
Pulmonary oedema.	
Uremia.	

Other contributory causes of importance:
Hypertensive cardiovascular disease
Diabetes Mellitus

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph E. Muse Jr. M. D.
(Address) St. Agnes' Hospital

8292 Da. Mc. Faul W. 24th St. F 38292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3917 Roland Ave. St. 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Hattie McClain.

(a) Residence: No. 3917 Roland Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Single.

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 29, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John E. McClain.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Markle

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Sarah Broomall

(Address) 3917 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Aug. 18, 1937

19. UNDERTAKER Chenoweth & Son

(Address) 3610 Chestnut Ave.

20. FILED AUG 18 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1937 to Aug 16, 1937

I last saw h[illegible] alive on Aug 16, 1937 Death is said to have occurred on the date stated above, at 11.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	
Other contributory causes of importance: Arteriosclerosis Uremia	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No ..... If so, specify .....

(Signed) Wm. N. Maguire Jr. M. D.

(Address) 1800 N. Charles St

38293 F 38293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-9

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2806 Jefferson St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 75 yrs. ... mos. ... ds.

2. FULL NAME Johanne Kiltenberg

If U. S. Veteran specify WAR .....

(a) Residence: No. 2806 Jefferson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Julius Kiltenberg

6b. DATE OF BIRTH (month, day, year): Jan 10 1852

7. AGE: Years 85 | Months 4 | Days 5 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: August Von-Kiltenberg

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Katherine Brohm

(Address) 2806 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL: Place MR. Learned Date 8/18/37

19. UNDERTAKER: Philip Herwig Sons

(Address) 2016 Pulaski St

20. FILED ... 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1937 to Aug 15, 1937

I last saw her alive on Aug 13, 1937 Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Myocardial Insufficiency	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) C A Reyschneider M. D.

(Address) 104 W Madison St

F 38294

F 38294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH 1014 N. Mount St
CITY OF BALTIMORE: (No.) Balto St. 16-3 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Celia Cook

If U. S. Veteran specify WAR

(a) Residence: No. 1014 N. Mount St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Cook

6. DATE OF BIRTH (month, day, year) 1871

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
66	2	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S Carolina

FATHER

13. NAME Daniel Smith

14. BIRTHPLACE (city or town) (State or country) S C

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Lillie Mardosf

(Address) 1014 N. Mount

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date aug 8 1937

19. UNDERTAKER George G. Nelson

(Address) 1202 Presstman St

20. FILED [illegible] Registrar.

AUG 3 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/16 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-10- 1937 to 8-16- 1937

I last saw h[illegible] alive on aug 14 1937. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	8/14/37
Hemiplegia	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H K Boyle M. D.

(Address) 157 N. Gilmor

F 38295 F 38295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

193-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2617 Fait Ave St. 1-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Kaczmarski

If U. S. Veteran specify WAR

(a) Residence: No. 2617 Fait Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anthony Kaczmarski.

6. DATE OF BIRTH (month, day, year) Oct 27 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) July 15 1937

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Anton Grisaki

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Anna Lisocka

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT See Anthony Kaczmarski (Address) 2617 Fait Ave.

18. BURIAL, CREMATION, OR REMOVAL Place St. Stanislo Date 8/19 37, 19

19. UNDERTAKER John F. Duda (Address) 38 N. Hudson St

AUG 18 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1937, to Aug 16, 1937

I last saw h alive on Aug 15, 1937. Death is said to have occurred on the date stated above, at 7:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Chr. Myocarditis	July 31 '37
Myocardial Failure	Aug 2 '37
Other contributory causes of importance:	
Terminal Bronchopneumonia	Aug 10, '37

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) E. Andkiewicz, M. D.

(Address) 8425 East Ave

38296 F 38296

331440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry J Lowndes

(a) Residence: No. ..... Fallston md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Barbara

6. DATE OF BIRTH (month, day, year) 1/4/87

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Samuel Griffith Crocker

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Letitia Davis

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary's Date Aug 19 37

19. UNDERTAKER Deegan-Foster Bel Air Md
(Address)

AUG 3 1937 Registrar. Ft Easton Williams, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug- 18 1937

22. I HEREBY CERTIFY, That I attended deceased from July- 6 1937 to Aug- 18 1937

I last saw him alive on Aug- 18 1937. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (?)
Lymphosarcoma	
Acute Liver Necrosis	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Sanford Sarney, M. D.

(Address) Johns Hopkins Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38297

CERTIFICATE OF DEATH

V 107-a F 38297

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 n Fremont Ave. Ward) 17-3

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Dorothy E. Brice

If U. S. Veteran specify WAR .....

(a) Residence: No. 513 n Fremont Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Nov - 27 - 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Nobel Brice

14. BIRTHPLACE (city or town) (State or country) Annapolis Md

MOTHER

15. MAIDEN NAME Dorothy Robinson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Nobel Brice

(Address) 513 n Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt Olivet Date Aug 18 1937

19. UNDERTAKER Elroy Griffith

(Address) 1700 Druid Park Ave

AUG 18 1937 Registrar. Washington Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia Primary	Aug 14 1937

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George C. Allen M. D.

(Address) 6 Longwood St

VS 6

38298 F 38298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2022 Ramsay St. 90-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Widerman Walters

If U.S. Veteran specify WAR .....

(a) Residence: No. 2022 Ramsay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James A. Walters

6. DATE OF BIRTH (month, day, year) November 30, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	8	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

13. NAME John T. Widerman

14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

15. MAIDEN NAME Martha A. Childs

16. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

17. INFORMANT Mr. James A. Walters

(Address) 2022 Ramsay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Aug. 18 19 37

19. UNDERTAKER Harold Cook

(Address) 1003 W. Baltimore St.

20. FILED AUG 18 1937 Hampton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 16 19 37

22. I HEREBY CERTIFY, That I attended deceased from July 20 19 36 to August 16 19 37

I last saw her alive on August 15 19 37 Death is said to have occurred on the date stated above, at 3.25A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of Uterus	7-1936
Secondary Anemia	4-19-37

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Coral Gordon M. D.

(Address) 3215 Tyndale Ave.

38299 E 38299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1872

1. PLACE OF DEATH Home (1720 Aliceanna St) Room 2nd floor
CITY OF BALTIMORE: (No. 1720 Aliceanna St. 2-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred about 22 yrs. mos. ds. How long in U. S. If of foreign birth 22 yrs. mos. ds.
If U. S. Veteran ✓ specify WAR

2. FULL NAME Bernard Halversen
(a) Residence: No. 1720 Aliceanna St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	✓	✓	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Seaman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No Occupation ✓
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Bergen Norway ✓

FATHER

13. NAME ? Halversen ✓
14. BIRTHPLACE (city or town) (State or country) Norway ✓

MOTHER

15. MAIDEN NAME Not Known ✓
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Edwin Larsen
(Address) 5 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Parkwood Cemetery. Date Aug. 18. 1937

19. UNDERTAKER HENRY SANDER & SONS, INC. Henry C. Sander
(Address) Baltimore & Broadway

20. FILED Aug 13 1937 Clayton Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to ✓ death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis. Valvular heart disease	1932
Respiratory Occlusion	

Other contributory causes of importance: No history obtainable ✓

Was an operation performed? No ✓ Date of ✓
For what disease or injury? ✓
Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: ✓
Accident, suicide, or homicide? ✓ Date of injury ..... 19.....
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood M. D. Coroner
(Address) 1712 N. Broadway

F 38300

38300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital 4 2 Registered No. 210-M

CITY OF BALTIMORE: (No. ..... St., 4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME M Arthur Ensor If U. S. Veteran specify WAR .....

(a) Residence: No. ..... Manchester Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ensor

6. DATE OF BIRTH (month, day, year) Oct. 7-1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 8 37

11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (City or town) (State or country) Manchester Md

FATHER

13. NAME George L Ensor

14. BIRTHPLACE (City or town) (State or country) Manchester Md

MOTHER

15. MAIDEN NAME Rosie E Gebhart

16. BIRTHPLACE (City or town) (State or country) Manchester Md

17. INFORMANT Vera R Ensor (Address) Manchester Md

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Cem Date Aug 19 1937

19. UNDERTAKER A S Marshall (Address) 3039 Falls Rd

20. FILED AUG 19 1937 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-17-37 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Coronary Thrombosis	8-16-

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 8-16 , 37

Where did injury occur? Main St. Hampstead
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Fall or jump, collision, etc. Fell asleep while driving & car left the road

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Hurley Auto M. D.

(Address) 907 N Charles St

AUG 19 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38301 CERTIFICATE OF DEATH 48 F 38301

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 W. North Ave. St. 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L. Hall

If U.S. Veteran specify WAR

(a) Residence: No. 1214 W. North Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alban A. Hall

6. DATE OF BIRTH (month, day, year) May 25, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	2	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Cornelius Hopkins

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Margaret Debus

16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMANT Alban A. Hall

(Address) 1214 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Aug. 19 1937

19. UNDERTAKER Martin, Fabers & Sons

(Address) 1827 W. North Ave.

20. FILED AUG 19 1937 Registrar Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 14. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 10/37, 19 to Aug 16/37, 19 ; that I last saw her alive on Aug 16/37, 19 ; Death is said to have occurred on the date stated above, at 10:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Uterus	
	Aug 14 1937

Other contributory causes of importance: None

Was an operation performed? — Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Henry Block M. D.

(Address) 120 Eutaw

32868

38302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 38302

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 16-E Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frances V Boone

If U. S. Veteran specify WAR .....

(a) Residence: No. 114 S Caroline St., St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/12/10

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Tom Boone

14. BIRTHPLACE (city or town) (State or country) Md—

MOTHER

15. MAIDEN NAME Elizabeth Brady

16. BIRTHPLACE (city or town) (State or country) Md—

17. INFORMANT Relative—
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Co. Md
Place Bostow, Calvert Co. Md Date 8/19 37

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Priestman St.

20. FILED AUG 18 1937 19..... Registrar. Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1937 to Aug 17, 1937

I last saw her alive on Aug 17, 1937 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever	Aug 1 (?)
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Walter B. Boyle, M. D.

(Address) Johns Hopkins Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38303

CERTIFICATE OF DEATH

F 38303

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. John Andrew Judik

If U. S. Veteran specify WAR .....

(a) Residence: No. 3906 St Paul St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) march 10 - 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesmanager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Mr. J. Henry Judik (Sr)

14. BIRTHPLACE (city or town) (State or country) Balt.

MOTHER

15. MAIDEN NAME Mrs Ellis A Briangues

16. BIRTHPLACE (city or town) (State or country) New York City

17. INFORMANT (Address) Mrs J. Woodward Rea 3906 St Paul St,

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Aug 20-37

19. UNDERTAKER (Address) Henry W. Jenkins Fun Co.

20. FILED Aug 19 1937 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-11-37, 19..... to 8-17-37, 19.....

I last saw him alive on 8-17-37, 19..... Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	8-8-37
NO TBc infect.!	
Other contributory causes of importance:	
Ileus, paralytic (?)	8-12-37

Was an operation performed? Yes Date of 8-11-37

For what disease or injury? Appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B. Hollis Hand M. D.

(Address) 3513 N Calvert St Balt. md

HEALTH DEPARTMENT—CITY OF BALTIMORE

38304 38304

CERTIFICATE OF DEATH

193-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 University Parkway 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Gay Bernard Murray Rawlins

(a) Residence: No. 214 University Parkway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widow

5a. If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of Late Edward C. Rawlins.

6. DATE OF BIRTH (month, day, year) March 28th 1843.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	94	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME William Murray

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Rebecca Skelton

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Bruce Robison

(Address) 214 E. University Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Aug 19th 1937

19. UNDERTAKER D. J. Jenkins & Son

(Address) Orchard & Calhoun

Eugene Williams Registrar.

AUG 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17th 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 9 1937 to Aug 17 1937

I last saw h~~er~~ alive on Aug 17 1937 Death is said to have occurred on the date stated above, at 9 30 ~~A~~ M.

The principal cause of death and related causes of importance were as follows:

Duration of onset

Myocarditis — Prolonged years

Other contributory causes of importance: Intestinal Obstruction — 1 wk

Undetermined nature

Was an operation performed? no Date of

For what disease or injury?

Name of operation Enema Was there an autopsy? no

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. A. Roady M. D.

(Address) 1403 Park Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38305 V/31 F 38305

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Brookfield Ave. St. 13-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Lewis Cohen

If U. S. Veteran specify WAR

(a) Residence: No. 2117 Brookfield Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary Cohen

6. DATE OF BIRTH (month, day, year) Dec. 25, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cloak Mnfgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Lewis Cohen

14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER

15. MAIDEN NAME Annette Eytinge

16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMANT Mr. S. Cohen,
(Address) 2117 Brookfield Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Cem. Date Aug. 18, 1937

19. UNDERTAKER David Sondheim & Son
(Address) 1508 Eutaw Place

20. FILED AUG 19 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 10th 1937 to Aug 16 1937

I last saw h alive on Aug 16 1937. Death is said to have occurred on the date stated above, at 8.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic parenchymatous nephritis	?
Uremia	4 days

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B. Sadow, M. D.

(Address) 2306 Eutaw Place.

38306 F 38306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183 C C

Registered No. 1872

1. PLACE OF DEATH Baltimore Harbor
CITY OF BALTIMORE: (No. Foot of Exeter St., 5-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Fannie May Robinson

(a) Residence: No. 423 Mott St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 10, 1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Robinson
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Bertha Jones
16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

17. INFORMANT Bertha Robinson
(Address) 423 Mott St

18. BURIAL, CREMATION, OR REMOVAL Date 8/19/37
Place Mt Calvary

19. UNDERTAKER Joseph G. Locke
(Address) 1312 Gilmor St

20. FILED AUG 19 1937 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned in Harbor foot of Exeter St.	Aug 16-1937

Other contributory causes of importance: Pushed by playmate Myrtle Lewis while playing in street.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug. 16 1937

Where did injury occur? Foot of Exeter St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place As above

Manner of injury Drowned

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Chas. W. Wood, M. D.
Coroner

(Address) 1712 N. Broadway

Spec.—8-16-29—L. F. S.—100 Bks.

38307

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38307

CERTIFICATE OF DEATH

✓131

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1626 Thomas Ave ST. 15 WARD 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louisa Korth

(a) RESIDENCE NO. 1626 Thomas Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Korth

6 DATE OF BIRTH (month, day, and year): May 14 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Berlin Germany

PARENTS

10 NAME OF FATHER: Carl Krantz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Thiemann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Louis Korth

(Address) 1626 Thomas Ave

15 Filed AUG 18 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 17, 1937

17 I HEREBY CERTIFY, That I attended deceased from August 9, 1937 to Aug. 17, 1937, that I last saw h[illegible] alive on Aug. 17, 1937 and that death occurred, on the date stated above, at 4:00 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Chronic Interstitial Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Samuel B Wolfe M. D.

8-17, 1937 (Address) 1331 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Aug 18 1937

20 UNDERTAKER: Bernard G Finch

ADDRESS: 1141 Belair R

F 38308

38308 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

6-5 V93-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Blanche Cook

(a) Residence: No. 219 W Dallas St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

U. S. Veteran
specify WAR .....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Raymond Cook

6. DATE OF BIRTH (month, day, year) ? 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Elizabeth Lawrence

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Elizabeth Green

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Raymond Cook
(Address) 219 N Dallas St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Aug. 18 1937

19. UNDERTAKER Robert H. Young
(Address) 604 N. Caroline St.

20. FILED ... 19 ... Registrar ...

AUG 13 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Aug 14 1937
Other contributory causes of importance Hypertension Chronic Nephritis	1 yr

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) George L. Allen M. D.
Coroner

(Address) 50 Saratoga St

F 38309

HEALTH DEPARTMENT—CITY OF BALTIMORE

38309

CERTIFICATE OF DEATH

X ✓ 349-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 26-12

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lewis Wilson (24469)

If U. S. Veteran specify WAR

(a) Residence: No. 710 Harvard St., Roanoke, Va. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma

6. DATE OF BIRTH (month, day, year) Jan. 15, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

UNIVERSITY MEDICAL SCHOOL AUG 18 1937 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED AUG 18 1937 19 Huntington Williams Registrar

3426 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1937 to August 11, 1937

I last saw him alive on August 11 1937 Death is said to have occurred on the date stated above, at 7:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Unknown
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) William A. Cassidy M. D.

(Address) Baltimore City Hospitals

38310 F 38310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10-2 349-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marcellis Brooks (25545)

If U. S. Veteran specify WAR

(a) Residence: No. 1019 Rogers Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna

6. DATE OF BIRTH (month, day, year) October 21, 1888

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	48	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sarah Jennings

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date AUG 18 1937

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED AUG 18 1937 Huntington Williams, M.D. Registrar.

3427 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 5, 1937 to August 15, 1937

I last saw h... in... alive on August 15, 1937 Death is said to have occurred on the date stated above, at 445 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs.	April 1937.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Baltimore City Hospitals

E 38311

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38311

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward) 4-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Carroll Jones

(a) Residence: No. 551 Lewis St, Ward, Havre de Grace, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. exercise boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. race track

10. Date deceased last worked at this occupation (month and year) 7, 30, 37

11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (city or town) (State or country) London Va

FATHER

13. NAME Creek Jones

14. BIRTHPLACE (city or town) (State or country) King William Co Va

MOTHER

15. MAIDEN NAME Emma Overton

16. BIRTHPLACE (city or town) (State or country) Middlesex Co Va

17. INFORMANT Carrie Jones (Address) 100 W. Saratoga St

18. BURIAL, CREMATION, OR REMOVAL
Place Int. Zion Date Aug 17, 1937

19. UNDERTAKER Mrs Katie R. Williams (Address) 322 N. Schroeder St

20. FILED ... 19... Registrar.

Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1937 to Aug 15, 1937
I last saw him alive on Aug 15, 1937 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary tuberculosis	7/31/37
Other contributory causes of importance: Chronic interstitial pul- monary tuberculosis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical & laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) James D. Carr M. D.

(Address) 515 Mosher St

F 38312

38312

HEALTH DEPARTMENT—CITY OF BALTIMORE

121

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St., 9-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph S. Watson

(a) Residence: No. 2109 Lake Montebello Terrace Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E.

6. DATE OF BIRTH (month, day, year) July 12 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Williams Watson

14. BIRTHPLACE (city or town) (State or country) Balto, [illegible]

MOTHER

15. MAIDEN NAME Kimbrelle Sines

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Leo Watson (Address) 2109 Lake Montebello Ter.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date Aug 18, 1937

19. UNDERTAKER Maisel & Applefeld (Address) 37 S Ann St.

20. FILED ..... 19..... [illegible] Registrar.

AUG 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 9, 1937 to August 17, 1937

I last saw him alive on Aug 17, 1937. Death is said to have occurred on the date stated above, at 8:05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diverticulitis Sigmoid Colon	3
Other contributory causes of importance: Chronic Myocarditis	?

Was an operation performed? Yes Date of 8-9-37

For what disease or injury? Diverticulitis Sigmoid

Name of operation Appendectomy - Biopsy Wound of Sigmoid

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Capt R. Stephenson M. D.

(Address) St. Js Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38313 F 38313

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hebrew Home for Aged and Infirm Registered No.

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave. St., Ward.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Saloman Goldstein If U. S. Veteran specify WAR

(a) Residence: No. Levindale St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Goldstein

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 8/18/37

19. UNDERTAKER Jos. Levy & Bro.
(Address) 1439 E. Baltimore

20. FILED AUG 13 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-17-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-1-1936 to 8-17-1937

I last saw h... alive on 8-17-1937 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	8-15-37
Cerebral Thrombosis	7-25-37
Mitral Insufficiency	

Other contributory causes of importance:

Chronic Bronchitis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Edmund Levin M. D.

(Address) Levindale

F 38314

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38314

CERTIFICATE OF DEATH

92-a

Registered No. 9-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2803 Alameda St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life 2 mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Andrew John Spann

(a) Residence: No. 2803 Alameda St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine J. Spann

6. DATE OF BIRTH (month, day, year) Aug. 20 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery store

10. Date deceased last worked at this occupation (month and year) Oct. 1933

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John Spann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Mayer

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mrs. Katherine Spann

(Address) 2803 Alameda

18. BURIAL, CREMATION, OR REMOVAL

New Cathedral Aug 20-37 19

19. UNDERTAKER (Address) Wm J Stehr & Son 1534 E Lafayette Ave

20. FILED 19 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-17-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-18-1927 to 8-17-1937

I last saw him alive on 8-16-1937 Death is said to have occurred on the date stated above, at 6.00 A m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis and endocarditis

Date of onset Indefinite

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Pro. B. Sybert M. D.

(Address) 2802 Hartford Ave

38315 3323 93

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38315

CERTIFICATE OF DEATH

157-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Judith Ann Seech

If U. S. Veteran specify WAR

(a) Residence: No. 13804 Cranwood Dr. Ward. Garfield Hts Ohio

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/2/37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Ernst Seech

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Julia Homich

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cleveland, Ohio Date Aug 18, 37

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Euclid Ave

AUG 18 1937

Huntington Williams, M.D.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1937 to Aug 18, 1937

I last saw h alive on Aug 18, 1937 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus, Communicating	Birth
Other contributory causes of importance:	

Was an operation performed? Yes Date of 8-18-37

For what disease or injury? hydrocephalus

Name of operation Choroid Plexectomy

What test confirmed diagnosis? Oper. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) William Gray Watson, M. D.

(Address) Johns Hopkins Hospital

F 38316

38316
333135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-D

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ada Parr

(a) Residence: No. Bur 91 Glen Morgan St., ... Ward. W. Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. B. Parr

6. DATE OF BIRTH (month, day, year) 12/16/92

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) W. Va

FATHER

13. NAME James F. Meadows

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Mary Rowen

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Glen Morgan W. Va Date aug. 18 1937

19. UNDERTAKER Golden O. Mitchell & Sons (Address) 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar.

AUG 19 1937 Lexington Wilhoyte, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug- 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug- 13 1937, to Aug- 18 1937.

I last saw h.er alive on Aug- 18 1937. Death is said to have occurred on the date stated above, at 3 55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dural endothelioma Olivary Eminence (benign)	1936?
Other contributory causes of importance:	

Was an operation performed? Yes Date of 8-16-37 8-12-37

For what disease or injury? Dural Tumor

Name of operation ① Removal Tumor - ② Resection Frontal lobe

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William Gray Thomas M. D.

(Address) Johns Hopkins Hospital

F 38317 V F 38317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26 19698 JS

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John White

(a) Residence: No. 312 N. Poppleton St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-1-1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Aaron White

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Rosa ?

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date aug 18 1937

19. UNDERTAKER Goldsborough Halstead & Williams

(Address)

20. FILED AUG 19 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-9, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-26, 1936, to 8-9, 1937

I last saw him alive on 8-9, 1937. Death is said to have occurred on the date stated above, at 8:50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Spine	Oct. 1936
Tuberculous enteritis	8/7/37

Other contributory causes of importance:

Was an operation performed? Yes Date of 1-7-37

For what disease or injury? Psoas Abscess

Name of operation Incision & Drainage

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L.K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38318

38318

CERTIFICATE OF DEATH

Registered No. 38318

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 Marydell Rd. 25-1 Ward) 93-C

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Michael E. Wilkens

(a) Residence: No. 322 Marydell Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marian G. Wilkens

6. DATE OF BIRTH (month, day, year) Sept. 7th, 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	11	8 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William L. Wilkens

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Jane G. Huster

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Marian G. Wilkens
(Address) 322 Marydell Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug. 18 1937

19. UNDERTAKER Frederick A. Cole
(Address) 1700 W. Lombard St.

20. FILED 19 Registrar.

AUG 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16th 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-15 1937 to 8-16 1937

I last saw h alive on 8-16 1937 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Ernest Spencer Jr. M. D.

(Address) 4123 Frederick Ave.

F 38319

F 38319 HEALTH DEPARTMENT—CITY OF BALTIMORE F 38319

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3713 Clipper Road) 13-8 Ward

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Laura Le Bow

(a) Residence: No. 3713 Clipper Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 14 - 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Le Bow

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Catherine Kaiser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Le Bow
(Address) 3713 Clipper Road

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Aug 20 1937

19. UNDERTAKER J. S. Marshall
(Address) 3639 Falls Rd

20. FILED Aug 18 1937 by Harrington Wellford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17th 1937

22. I HEREBY CERTIFY, That I attended deceased from June 14 1937 to Aug 17th 1937

I last saw h[illegible] alive on Aug 17th 1937 Death is said to have occurred on the date stated above, at 12.45 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

	Duration of attack
Acute Coronic dilation	3 days

Other contributory causes of importance:

General Arterial Sclerosis, Pyelitis, Nephritis, Senility etc.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. T. Talbert M. D.

(Address) 3612 Falls Rd. Baltimore Md.

F 38320

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38320

CERTIFICATE OF DEATH

F 38320

349-23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 11-4 Ward)

Length of residence in city or town where death occurred 0 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Tutt (12581)

If U. S. Veteran specify WAR .....

(a) Residence: No. 930 N. Eutaw St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha

6. DATE OF BIRTH (month, day, year) June 27, 1915

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	22	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florida

FATHER

13. NAME Willie

14. BIRTHPLACE (city or town) (State or country) Florida

MOTHER

15. MAIDEN NAME Gertrude Garb

16. BIRTHPLACE (city or town) (State or country) Florida

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Aug. 19. 37

19. UNDERTAKER Mrs. Ella N. Packard
(Address) 1631 Druid Hill Ave

AUG 18 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 29, 1936 to August 16, 1937

I last saw him alive on August 16, 1937 Death is said to have occurred on the date stated above, at 7:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	June 1936

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) E. M. Curtis M. D.

(Address) Baltimore City Hospitals

F 38321

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38321

38321

50

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1153 Cleveland St. 21-2 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary P. Bayer

(a) Residence: No. 1153 Cleveland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles N. Bayer

6. DATE OF BIRTH (month, day, year) Nov. 23 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Andrew Lauhardt

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Elizabeth Kiesse

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles N. Bayer
(Address) 1153 Cleveland St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 20 1937

19. UNDERTAKER Mr. Mrs. John W. Tippel & Son
(Address) 801 W. Fayette St.

20. FILED 18 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937 to August 18, 1937

I last saw her alive on August 17, 1937 Death is said to have occurred on the date stated above, at 4.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	probably Apl 1, 1936
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation none What test confirmed diagnosis? Clinical Findings Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Louis Blass M.D.

(Address) 876 Washington Blvd

F 38322 ✓ 38322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 38322

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2547 Edmondson Ave. 30-2 W'd.)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Charles Rudolph

If U. S Veteran specify WAR no

(a) Residence: No. 2547 Edmondson Ave., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Rudolph

6. DATE OF BIRTH (month, day, year) Apr 19. 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Operator 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date decedent last worked at this occupation (month and year) Dec 1936.

11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Theresa Rudolph
(Address) 2547 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Aug 19 1937

19. UNDERTAKER Thos. Russ. John W. Rempfle & Sons
(Address) 801 W. Fayette St

20. FILED AUG 18 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from T... 6, 1937, to Aug 17, 1937

I last saw h... alive on Aug 15, 1937. Death is said to have occurred on the date stated above, at 6.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis (Senescent atrophy)	5 yrs
Other contributory causes of importance:	

Was an operation performed?) Date of .....

For what disease or injury?)

Name of operation None

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury....., 19....

Where did Injury occur?) (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H G Jones M. D.

(Address) 2518 St. Paul St.

Formerly 720 N Wood

✓ 38323

F 38323 HEALTH DEPARTMENT—CITY OF BALTIMORE F 38323

54-D

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3022 Iona Terrace 27-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 11 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Laura Jane Webb

(a) Residence: No. 3022 Iona Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Luther Webb

6. DATE OF BIRTH (month, day, year) Sept. 15, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	II	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John W. Roberts

14. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

MOTHER

15. MAIDEN NAME Ann JaneBartscher

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT William Ewell Webb
(Address) 3022 Iona Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug. 20 1937

19. UNDERTAKER Charles E. Black
(Address) 742 W. North Ave.

19 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 18-1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1937, to Aug 18, 1937

I last saw her alive on Aug 17 1937. Death is said to have occurred on the date stated above, at 5 A'm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Broncho-pneumonia	Aug 16 1937
Myocardial degeneration	?
Other contributory causes of importance:	
Brain Tumor	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis T. Kleinau M. D.

(Address) 2623 E. Monument St Balto Md.

38324 38324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH 2129 Callow Ave
CITY OF BALTIMORE: (No.) Hannah (Street) 13-2 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No

2. FULL NAME 2129 Callow Ave

(a) Residence: No. Hannah Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Tannebaum

6. DATE OF BIRTH (month, day, year) March 14/1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER FATHER

13. NAME Solomon Reder
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Fanny Buckenbaum
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Solomon Blythe
(Address) 2129 Callow Ave

18. BURIAL, CREMATION, OR REMOVAL Balto. Hebrew Cemetery Aug 19/1937

19. UNDERTAKER J. Abrams & Co
(Address) 243 E. Lexington St

[illegible] Lexington Funeral Home

AUG 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1937 to Aug 17, 1937
last saw h[illegible] alive on Aug 13, 1937. Death is said to have occurred on the date stated above, at 10.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio - Sclerosis	7yr
Other contributory causes of importance:	

Was an operation performed? — Date of
For what disease or injury?
Name of operation ... Date of
What test confirmed diagnosis? Was there an autopsy?

23: If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. G. Imes, M. D.
(Address) 2518 St Paul St

F 38325 ✓ F 38325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 574 Dolphin St., 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 11 mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME: Annie R. Tew

(a) Residence: No. 547 Dolphin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jno. Tew

6. DATE OF BIRTH (month, day, year) Aug. 29. 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (None)

10. Date deceased last worked at this occupation (month and year) Life

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Peter Blake

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Lydia Wilson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Jno. Tew (Address) 574 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Aug. 19 37

19. UNDERTAKER Jno. Geo. H. Holland (Address) 621 Reed Hill Ave

8 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 12 . 1937 . to Aug 16 . 1937

I last saw her alive on Aug 16 . 1937 . Death is said to have occurred on the date stated above, at 10.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Aug 12 37

Other contributory causes of importance:

None

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. K. Pelletier , M. D.

(Address) 817 Hamilton Ter

F 38326

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38326

CERTIFICATE OF DEATH

23 3 38326

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 East Ostend 24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME John R. Simmons

(a) Residence: No. 119 East Ostend St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Emma

6. DATE OF BIRTH (month, day, year) April 3-1880

7. AGE — Years 57 — Months 4 — Days 18 — If LESS than 1 day, hrs. or min. .....

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Road Journey

10. Date deceased last worked at this occupation (month and year) Sept

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

13. NAME Francis A Simmons

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Josephine Roton

FATHER

15. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Minnie Simmons

(Address) 119 East Ostend

18. BURIAL, CREMATION, OR REMOVAL Cedar Hill Date Aug 20 1937

19. UNDERTAKER Wm. Cook

(Address) 217 St Paul Street

Aug 18 1937 Huntington Williams, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 17. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 15 1937 to Aug. 17 1937

I last saw him alive on Aug. 16 1937. Death is said to have occurred on the date stated above, at 8.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	July 1937
Other contributory causes of importance: Exhaustion	Aug 1937

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

8/17/37 (Signed) W. R. H. Campbell M. D.

(Address) 16 E Hanover St

F 38327 HEALTH DEPARTMENT—CITY OF BALTIMORE F 38327

CERTIFICATE OF DEATH 25625--CM

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City nospts. St. 12-3 46-a Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jacob Bruckman

If U. S. Veteran specify WAR No Record

(a) Residence: No. 443 Ilchester St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Millie (Clara)

6. DATE OF BIRTH (month, day, year) 1-18-1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Bruckman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Millie ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of Balto. City nospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Aug 20th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

20. FILED AUG 19 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-17, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-7, 1937, to 8-17, 1937

I last saw him alive on 8-17, 1937. Death is said to have occurred on the date stated above, at Noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma oesophagus - about	March 1937
Mediastinitis - acute	8/15/37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) L.K. Woodward Jr. M. D.

(Address) Balto City Hosp.

38328 F 38328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 194-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Mary E. Shaff

(a) Residence: No. Poplar Springs Howard Co. Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 29, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John D. Shaff

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lillian Addison

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) John D. Shaff Poplar Springs Md.

18. BURIAL, CREMATION, OR REMOVAL. Place Poplar Spring Date Aug 19. 1937

19. UNDERTAKER C. M. Wolfe (Address) Westminster Md

19 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Aug. 17, 18

For what disease or injury? To remove Grain of Corn

Name of operation Bronchoscope, Tracheotomy Date of

What test confirmed diagnosis? Clin Was there an autop No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Aug. 7, 1937 Date of injury ... 19 ...

Where did injury occur? Poplar Springs (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Swolled Grain of Corn

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.

(Address) 2757 W North Ave

V S 6

38329

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38329

CERTIFICATE OF DEATH

93-e

Registered No. 16-3

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1033 N. Vincent St. (or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sam Chappell

(a) Residence: No. 1033 N. Vincent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie Chappell.

6. DATE OF BIRTH (month, day, year) 12

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George Co. Md.

FATHER

13. NAME Sam Chappell

14. BIRTHPLACE (city or town) (State or country) Prince George Co. Md.

MOTHER

15. MAIDEN NAME Anna Arden

16. BIRTHPLACE (city or town) (State or country) Prince George Co. Md.

17. INFORMANT Willie Jones
(Address) 347 Stockton St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Aug 19 1937

19. UNDERTAKER George D. Nelson
(Address) 503 Forstmann St

AUG 13 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came death on the day stated above. 7, 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hart Merriman M. D.
Coroner

(Address) 1215 Hanover

38330 William Queen E 38330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 Bench St. 14-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Queen

If U.S. Veteran specify WAR ___

(a) Residence: No. 1420 Bench St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	B.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Queen

6. DATE OF BIRTH (month, day, year) 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Clara

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Emma Queen

(Address) 1420 Bench St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Aug 21 1937

19. UNDERTAKER Adolphus Hahlthal

(Address) 918 Edmondson Hill ave

20. FILED 19 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/19/37

22. I HEREBY CERTIFY, That I attended deceased from June 29 1937 to Aug 19 1937

I last saw him alive on Aug 14 1937 Death is said to have occurred on the date stated above, at 8:45 P.M.

The principal cause of death and related causes of importance were as follows:

Cardiac Collapse

Arteriosclerosis

Duration of illness

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas F Woods M. D.

(Address)

38331 F 38331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Freitag

(a) Residence: No. Moreland Ave. & Hatford Rd. St., ... Ward. Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Emma A. Freitag

6. DATE OF BIRTH (month, day, year) July 3 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ENGINEER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. BUILDING ENGINEER

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME William Freitag

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Emma A. Freitag

(Address) Moreland Ave. & Hartford Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Aug. 19 1937

19. UNDERTAKER John Myers

(Address) East Fulton St.

20. FILED AUG 19 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 18 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Meningococcic Meningitis

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schreiber M. D. (Coroner)

(Address) 1919 E. North Ave.

AUG 23 1937

38332

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38332

CERTIFICATE OF DEATH

✓ 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 12-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 7 mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Leslie Watson

If U. S. Veteran specify WAR .....

(a) Residence: No. 333 - West 30th St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 11, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles F. Watson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Margaret E. Brown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Margaret Watson

(Address) 333 W. 30th St

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Hill Cem. Date Aug. 19, 1937

19. UNDERTAKER C. Henry Kieffer & Son

(Address) 1615 Eastern Ave

20. FILED AUG 19 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

X

21. DATE OF DEATH (month, day, year) Aug. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1937 to Aug. 17, 1937

I last saw him alive on Aug. 17, 1937. Death is said to have occurred on the date stated above, at 10:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Leukemia	7/21/37
Multiple Pulmonary abscesses	8/10/37
Other contributory causes of importance: Parenteral diarrhea	7/21/37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Sidney Selwyn, M. D.

(Address) Union Memorial Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38333

CERTIFICATE OF DEATH

✓ 97 F 38333

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 WILDWOOD PARKWAY St., 20-7 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME CASPER A. GROSS

(a) Residence: No. 525 WILDWOOD PARKWAY St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of MARIE GROSS

6. DATE OF BIRTH (month, day, year) JAN 25/1872 ~~1892~~

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MAP ENGRAVER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. EASTERN OFSET INC.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME HERMAN GROSS

14. BIRTHPLACE (city or town) (State or country) BALTO. MD.

MOTHER

15. MAIDEN NAME AGNES KENNIUOS

16. BIRTHPLACE (city or town) (State or country) BALTO. MD.

17. INFORMANT MARIE GROSS (WIFE(
(Address) 525 WILDWOOD PARKWAY

18. BURIAL, CREMATION, OR REMOVAL
Place NEW CATHEDRAL Date AUG. 21 1937

19. UNDERTAKER Filby & Zinkerhoe
(Address) 403 S. WOLFE St.

AUG 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG. 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1935 to Aug 18 1937

I last saw h. alive on Aug 18 1937 Death is said to have occurred on the date stated above, at 2/30 m. pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arterio sclerosis	
Other contributory causes of importance:	
Terminal Hypostatic Pneumonia	

Was an operation performed? no Date of

For what disease or injury?

Name of operation ✓

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Leon Freedom M. D.

(Address) 1031 N. Paul St

38334 F 38334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 W. 40th St. 13-8 Ward)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louise C. Eby

(a) Residence: No. 1216 W. 40th St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 4, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical 09

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 09

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME H. Clay Eby

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mildred C. Stull

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Henry E. Eby
(Address) 1216 W. 40 St.

18. BURIAL, CREMATION, OR REMOVAL Co.
Place Husky Chapel, Carroll Co. Date 8/21 1937

19. UNDERTAKER John D. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED Lexington Williams, M.D.

AUG 19 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 18, 1937

22. I HEREBY CERTIFY. That I attended deceased from May 2, 1937, to Aug 18, 1937

I last saw h[illegible] alive on Aug. 18, 1937 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Brain Tumor. Glioma Infiltrating.	over
Other contributory causes of importance: Bronchial Pneumonia Terminal	

Was an operation performed? Yes Date of 6-7-37

For what disease or injury? Brain Tumor

Name of operation Osteoplastic bone flap Rt Frontal

What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Richard G. Cobliz, M. D.

(Address) Catonsville Apts. D

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38335

CERTIFICATE OF DEATH

34-111-a

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1 6 Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles W. Ladner — If U. S. Veteran specify WAR .....

(a) Residence: No. 3313 Tonne St — St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 2/1/71

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Penn —

FATHER

13. NAME Frank Ladner

14. BIRTHPLACE (city or town) (State or country) Penn —

MOTHER

15. MAIDEN NAME Lilian Fetterolf

16. BIRTHPLACE (city or town) (State or country) Penn —

17. INFORMANT Records — (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Pottstown Pa. Date Aug. 20 1937

19. UNDERTAKER John A. Mitchell & Sons (Address) 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar Huntington Williams, M.D.

AUG 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17. 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 7 1937. to Aug 17 1937, I last saw him alive on Aug 17 1937. Death is said to have occurred on the date stated above, at 1 05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus	
Other contributory causes of importance:	
Syphilis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Wasserman Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) James H. Lemmon M. D.

(Address) Johns Hopkins Hospital.

38336 Cranford E 38336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 13-B

Registered No. .....

1. PLACE OF DEATH Union memorial St. 12 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard Eugene Cranford If U. S. Veteran specify WAR .....

(a) Residence: No. 421 Fauvette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 30 1936.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Penna

FATHER

13. NAME Americus L Cran-

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Pace

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mgt Poe
(Address) 723 W 23rd

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug 20, 1937

19. UNDERTAKER Edw Tomlinson
(Address) Huntington Nottingham Md

20. FILED ..... Registrar

AUG 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Bacillary Dysentery	8/13/37
Nephritis	
Hyperpyrexia	8/18/37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? No

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Crime Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John N Cran M. D.
Coroner

(Address) Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38337

CERTIFICATE OF DEATH

F 38337

Registered No. 1877

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Bay View St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 11 mos. 18 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.

If U. S. Veteran specify WAR

2. FULL NAME Benjamin Fiddis

(a) Residence: No. 933 W. Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Nettie Fiddis

6. DATE OF BIRTH (month, day, year) Aug. 26 - 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Benjamin Fiddis

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Susan Whittaker

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Nettie Fiddis (Address) 933 W. Chester St.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cemetery Date August 20 1937

19. UNDERTAKER Howard N. Bloodsworth, Jr. (Address) 424 Eutaw Place

Filed 19 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest therein and from the evidence obtained by said Inquest and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Aug. 5-1937
Due to Arteriosclerosis	Aug. 5-1937
Pneumonia	Aug. 15-1937

Other contributory causes of importance: Fall result of hypostasis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury , 19

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell striking floor;

Nature of injury Lacerated scalp.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38338 F 38338

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes' Hospital, Registered No.
CITY OF BALTIMORE: (No. Wilkens + Caton Aves, St., 28-4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. da. How long in U. S. If of foreign birth yrs. mos. da.

2. FULL NAME Mr. Maurice E. Green, If U. S. Veteran specify WAR

(a) Residence: No. 602 Winans Way, St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Doyle

6. DATE OF BIRTH (month, day, year) ---------

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vice President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Robert S. Green Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Robert S. Green

14. BIRTHPLACE (city or town) (State or country) --------- Maryland

MOTHER

15. MAIDEN NAME Flora Lee

16. BIRTHPLACE (city or town) (State or country) --------- Maryland

17. INFORMANT Mrs. Elizabeth D. Green
(Address) 602 Winans Way

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cemetery 8/20 1937

19. UNDERTAKER Henry H. Mears and Son
(Address) 805 N. Calvert St.

20. FILED G 19 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 18th. 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-11- 1937 to 8-18 1937

I last saw him alive on 8-18 1937 Death is said to have occurred on the date stated above, at 6.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	-?-
Bronchiectasis.	-?-

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph E. Muse Jr. M. D.
(Address) St. Agnes' Hospital

F 38339

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38339

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 Race St., 23-3 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary A. Faid

(a) Residence: No. 1623 Race St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry A. Faid

6. DATE OF BIRTH (month, day, year) Nov. 7, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thomas E. Ritos

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Harris

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Henry A. Faid

(Address) 1623 Race St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date Aug 20 1937

19. UNDERTAKER J. Howard Evans

(Address) 1400 Edmondson Ave

20. FILED Aug 19 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1937 to Aug. 18, 1937

I last saw HER alive on Aug. 18, 1937. Death is said to have occurred on the date stated above, at 3:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Indefinite	
Other contributory causes of importance:	
Exhaustion	8/17/37

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? no If so, specify .....

8/18/37 (Signed) R. C. R. Campbell M. D.

(Address) 1644 Hanover St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38340 ✓23 F 38340

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 George St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Thomas White

(a) Residence: No. 825 George St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~) Mildred White

6. DATE OF BIRTH (month, day, year) 11-1-1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. cooperage

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) accomac Co Va

FATHER

13. NAME Jesse White

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Annie Savage

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Mildred White
(Address) 825 George

18. BURIAL, CREMATION, OR REMOVAL
Place Pasley, Va. Date Aug 21, 1937

19. UNDERTAKER Mr Katie R. Williams
(Address) 322 E. Lanvale St.

20. FILED AUG 23 1937 Huntington Williams, M.D.
(Address) 1500 E. Madison St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-17, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-10, 1937 to 8-17, 1937

I last saw him alive on 8-16, 1937. Death is said to have occurred on the date stated above, at 9:55 m. A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	May 37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? pathological Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Huntington Williams, M. D.
(Address) 1500 E. Madison St

38341

HEALTH DEPARTMENT—CITY OF BALTIMORE

38341

CERTIFICATE OF DEATH

✓173

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Cora King

(a) Residence: No. 1224 Bayard St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	Col.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Will King

6. DATE OF BIRTH (month, day, year) Feb. 16, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0-37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... W.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME William Stanton

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Jennie Not Known

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Clinton Johnson

(Address) 543 W. Cross St.

18. BURIAL, CREMATION, OR REMOVAL

Place Brens. Va Date Aug 20, 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 E. Johnson St.

AUG 13 1937 Huntington Williams, MD

E&S

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 15, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Autopsy & Inquest and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Autopsy & Inquest said deceased came
(Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound of Chest	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury Aug. 15, 1937

Where did injury occur 1224 Bayard St Balto. Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Pistol Wound of Chest

Nature of injury Wound of Aorta

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 2757 E. Lan.

M. D. B. 1268-9

38342

HEALTH DEPARTMENT—CITY OF BALTIMORE

38342

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1331 Hill St., 24-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ellen Finn

(a) Residence: No. 1321 Hill St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edmund Finn

6. DATE OF BIRTH (month, day, year): Aug 1 - 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Edmund Daly

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Ellen Daly

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs Mary E Bettner

(Address): 1331 Hill St

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Cross & Etc Date: Aug 20 19 37

19. UNDERTAKER: Chas P Stevens & Son Inc

(Address): 1501 E Fayette Baltimore, Md

20. FILED: AUG 19 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to Aug 17, 1937

I last saw h.e alive on Aug 17, 1937. Death is said to have occurred on the date stated above, at 850 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	48 days
Uraemia	
Hypertension, Senile Senility	
Mitral Regurgitation	
Diabetes Mellitus	
Other contributory causes of importance:	
Chr Interstitial Nephritis	48 days

Name of operation: No Date of: ...

What test confirmed diagnosis? Medicine & Surg. Clinics Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thos. F. A Stevens M. D.

(Address) 2838 Stafford Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38343

CERTIFICATE OF DEATH

F 38343

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., 6-2 Ward) 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Fuchs

If U. S. Veteran specify WAR .....

(a) Residence: No. 436 N. Luzerne St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Catherine Fuchs

6. DATE OF BIRTH (month, day, year) Jan 2 - 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired for 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brass worker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME — Fuchs

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. L. Schmuff

(Address) 436 N. Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mathews Date Aug 21 1937

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Eutaw St.

20. FILED AUG 23 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1937, to Aug 19, 1937

I last saw him alive on Aug 19, 1937. Death is said to have occurred on the date stated above, at 3:35 A m.

The principal cause of death and related causes of importance were as follows:

Uremia. — Date of onset Feb 37

Other contributory causes of importance: Fract Prostate Hypertrophy

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Elton Resnick M. D.

(Address) S. B. Gen. Hosp

Dr. Scagetti

38344

HEALTH DEPARTMENT—CITY OF BALTIMORE

38344

CERTIFICATE OF DEATH

√23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2930 Westwood Ave St. 15-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lee Edward Winchester

If U. S. Veteran specify WAR .....

(a) Residence: No. 2930 Westwood Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. Heckman

6. DATE OF BIRTH (month, day, year) Feb 13th 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Oliver F. Winchester

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Carrie Brauer

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs Annie M. Winchester
(Address) 2930 Westwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date 8/21/37 19.

19. UNDERTAKER Geo. Weber & Son
(Address) 2503 Edmondson Ave

20. FILED ..... 19 ..... Registrar

AUG 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8 | 18 | 37. 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1937 to Aug 18, 1937

I last saw him alive on Aug 18, 1937 Death is said to have occurred on the date stated above, at 10.15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Larynx	

Other contributory causes of importance:

Arteriosclerosis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Albert Scagnetti, M. D.

(Address) 1724 W. Lombard St

M. D. P. 1268-9

✓ F 38345

38345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 140 N. Milton Ave St. 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? 29 mos. ds.

2. FULL NAME Luisa Renzi

(a) Residence: No. 140 N. Milton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	W.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Saverio Renzi

6. DATE OF BIRTH (month, day, year) Aug. 23 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Castagneto Italy

FATHER

13. NAME Emidio Caserta

14. BIRTHPLACE (city or town) (State or country) Castagneto Italy

MOTHER

15. MAIDEN NAME Serafina D'Andrea

16. BIRTHPLACE (city or town) (State or country) Castagneto Italy

17. INFORMANT Saverio Renzi (Husband)
(Address) 149 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Aug. 21 1937

19. UNDERTAKER Frank Della Vecchia
(Address) 524 N. Howard St

20. FILED [illegible]

AUG 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1937 to Aug 18, 1937

I last saw h alive on Aug 18, 1937 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Aug 18 1937

Other contributory causes of importance:

Diabetes Mellitus	2

Name of operation Date of

What test confirmed diagnosis? urine Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. L. Cassagno M. D.

(Address) 514 Druid Park Lane

E 38346

38346

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bobby Eire Neumann

If U. S. Veteran specify WAR

(a) Residence: No. 5503 Belle Vista Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8-18-37

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or 20 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) St. Joseph's Hospital Baltimore

FATHER

13. NAME William Joseph Neumann

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Margaret Chase

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL AUG 19 1937 on

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address) Huntington Williams, Inc.

AUG 19 1937

3429 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1937 to Aug 18, 1937

I last saw her alive on Aug 18, 1937 Death is said to have occurred on the date stated above, at 8 10 Am m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease & ascites.	8-13-37
Other contributory causes of importance: Enlarged liver & spleen	—
Cause Unknown	

Was an operation performed? yes — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Aut. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Frank R. Stephenson, M. D.

(Address) A. Dr. Hosp

38347 F 38347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 160B

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore Lunatic Asylum St., Ward.

Length of residence in city or town where death occurred yrs. mos. 6 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph Lunceford Jr. If U.S. Veteran specify WAR .....

(a) Residence: No. Edgewood, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Infant

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): August 17, 1937

7. AGE: Years | Months | Days: 0 | If LESS than 1 day, 6 hrs. or 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 0000
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Joseph Lunceford
14. BIRTHPLACE (city or town) (State or country): Nelson Co. Va.

MOTHER

15. MAIDEN NAME: Sarah E. Hudson
16. BIRTHPLACE (city or town) (State or country): Wilmington Delaware

17. INFORMANT (Address): M. Gee L. M. West Balto Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place: UNIVERSITY MEDICAL SCHOOL AUG 19 1937
Commissioner of Health
Per H. A. Moore

19. UNDERTAKER (Address): Huntington Williams Co.

AUG 19 1937

3430

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH (month, day, year): August 17th, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 17th, 1937 to August 17th, 1937

I last saw him alive on August 17th, 1937 Death is said to have occurred on the date stated above, at 8 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Intracranial Hemorrhage due to precipitous delivery	Aug 17th 37

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Spinal Tap Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Laurston L. Rowe M.D.

(Address) 1938 Fendall Ave

✓ F 38348

HEALTH DEPARTMENT—CITY OF BALTIMORE

38348

CERTIFICATE OF DEATH

46-C

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mr. John Eberhardt

If U. S. Veteran specify WAR .....

(a) Residence: No. 401 N. Payson St., Ward, Balto. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Mrs Wilhemina Eberhardt

6. DATE OF BIRTH (month, day, year) 9/13/53

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Jacob Eberhardt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Sauter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Martha Humphreys
(Address) 701 N Payson

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 8 Aug 37

19. UNDERTAKER Geo W Tabler
(Address) Eutaw & Fayette

20. FILED 19 19 37 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/16. 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/11, 1937, to 8/16, 1937

I last saw h[illegible] alive on 8/15, 1937. Death is said to have occurred on the date stated above, at 9.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Hepatic flexure of Colon	
Intussusception of same.	
Other contributory causes of importance:	
Pulmonary oedema	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) C. J. Lubinski M. D.

(Address) Bon Secours Hospital

F 38349

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38349

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH Union Memorial Hosp

CITY OF BALTIMORE: (No. 33rd & Calvert St. 27-13 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....da. How long in U. S. If of foreign birth?....yrs. ....mos. ....da.

2. FULL NAME Mrs. Caroline J. Emory Dorsuch Buckingham

If U. S. Veteran specify WAR .....

(a) Residence: No. 1019 Winding Way St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M

3a. If married, ~~widowed~~ or ~~divorced~~ (or) WIFE of Emory L. Buckingham

6. DATE OF BIRTH (month, day, year) April 4 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frostburg, Md.

FATHER

13. NAME Frank Charles Beall

14. BIRTHPLACE (city or town) (State or country) Frostburg, Md

MOTHER

15. MAIDEN NAME Eleanor Colborn

16. BIRTHPLACE (city or town) (State or country) Somerset, Pa.

17. INFORMANT Rev. Fr. Bodly (Address) Rectory

18. BURIAL, CREMATION, OR REMOVAL Valley Place Holmes & Son Northern Date Aug 20 1937

19. UNDERTAKER Henry Jenkins Sons (Address) Cathedral & Mt. Vernon Pl

FILED ..... 19 ..... Registrar

AUG 3 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-18-1937

22. I HEREBY CERTIFY, That I attended deceased from 8-15 1937 to 8-18 1937

I last saw her alive on 8-18 1937 Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diaphragmatic hernia Lt.	1934
Post-operative broncho-pneumonia.	8-18-37

Other contributory causes of importance:

Was an operation performed? Yes Date of 8-17-37

For what disease or injury? Diaphragmatic hernia.

Name of operation Repair of diaphragmatic hernia.

What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm A. Fisher M. D.

(Address) 715 Park ave

M. D. P. 1268-9

F 38350 F 38350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 E. West. Str. St. 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 10 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Schulte.

(a) Residence: No. 11 E. West. Str. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis H. Schulte.

6. DATE OF BIRTH (month, day, year) Sept 23/1860.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore.

FATHER

13. NAME John Scharmann.

14. BIRTHPLACE (city or town) (State or country) Germy.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germy.

17. INFORMANT Ernest A. Schulte.
(Address) 11 E West Str.

18. BURIAL, CREMATION, OR REMOVAL Date Augst 1937
Place Schwartz

19. UNDERTAKER C. Schloman & Son
1039 Hanover St

9 1937 Eastern Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/12/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 8/10/37. 19 ... to 8/12/37. 19 ... I last saw h alive on 8/12/37. 19 ... Death is said to have occurred on the date stated above, at 4:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8/10/37
Other contributory causes of importance: Cerebra Hemorrhage	June 1932
Pulmonary Congestion	8/15/37

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Isaac Mullen M. D.

(Address) 1228 N. Charles St

38351

HEALTH DEPARTMENT—CITY OF BALTIMORE 38351

CERTIFICATE OF DEATH

F 38351

Registered No. 37-92a

1. PLACE OF DEATH Balto. City Hospital, Bay View (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., Ward)

Length of residence in city or town where death occurred about 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel Russell

(a) Residence: No. 515 W. Lexington St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Anna Russell

6. DATE OF BIRTH (month, day, year) Feb. 14-1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Knife Grinder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 2 years

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Solarino Italy

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs. Sayd Russell (Address) 515 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Cemetery Date 8/20/37

19. UNDERTAKER Thos. Farley & Son (Address) 216 N. Eutaw St.

19 1937 [illegible]

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart disease	1935
	about

Other contributory causes of importance: Enlarged Prostate, Syphilis

Was an operation performed? No Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood Coroner, M. D.

(Address) 1712 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38352 ✓ 3F35-2 4C 38352

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St., 15-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel Kolman

(a) Residence: No. 2600 Loyola Northway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Sack Nee Gitnick

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 50 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sign Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Painting

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lapkind

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Carroll Brattman

(Address) 2600 N. Loyola N. Way

18. BURIAL, CREMATION, OR REMOVAL Philadelphia Date 8/19 1937

19. UNDERTAKER Joseph Lowe

(Address) 1437 E. Baltimore St

20. Filed 19 193 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1937 to Aug 19, 1937

I last saw him alive on Aug. 19, 1937 Death is said to have occurred on the date stated above, at 10:10 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchogenic Carcinoma	
Terminal Bronchopneumonia	Aug 17 1937

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Morton M. Spielman, M. D.

(Address) Sinai Hospital

Spec.—2-29-28—L. F. S.—500 Bks.

3635

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38353

F 38353

CERTIFICATE OF DEATH

92-a

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST. 15-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Clara J. Weiss

(a) RESIDENCE NO. 3014 Clifton Terrace ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Alcuin J. Weiss

6 DATE OF BIRTH (month, day, and year): Feb. 12, 1880

7 AGE: Years 57 | Months 0 | Days 7 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None 37 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Christopher Crouse

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Brentzer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Mr. Alcuin J. Weiss

(Address) 3014 Clifton Terrace

15 Filed ... 19 1937 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug-19-37.

17 I HEREBY CERTIFY, That I attended deceased from Aug 17-37, 19..., to Aug 19-37, 19...,

that I last saw h[illegible] alive on Aug 19-37, 19...,

and that death occurred, on the date stated above, at 1:15 A. m.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion

Mitral Rheumatic Heart Disease -

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Nathan Long, M. D.

19 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or In deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Thomas Cem. Garrison Md. DATE OF BURIAL: Aug. 21 19 37

20 UNDERTAKER: Wm. J. Tickner & Son. ADDRESS: Norbeck Pa

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38354 F 38354 93-C F 38354

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3313 Winterbourne Rd. St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret L. Haig

If U. S. Veteran specify WAR .....

(a) Residence: No. 3313 Winterbourne Rd. St., 16-7 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of C. Leonard Haig

6. DATE OF BIRTH (month, day, year) Nov. 9, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Young Tall

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Steel

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT C. Leonard Haig Jr.

(Address) 3313 Winterbourne Rd. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Loraine Cem. Date Aug 20 19 37

19. UNDERTAKER Wm. J. Tickner & Sons

(Address) N. Fa. Ave.

20. FILED Aug 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 16 1937 to Aug 18 1937

I last saw h[illegible] alive on Aug 16 1937 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
with Paralysis	
Arteriosclerosis and Nephritis	
Patient Fell	8/12/37
Other contributory causes of importance:	
None	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Fall

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) 717 Cathedral St.

38355

HEALTH DEPARTMENT—CITY OF BALTIMORE

38355

CERTIFICATE OF DEATH

52

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 E. Lanvale St. 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha B. Osler

If U. S. Veteran specify WAR

(a) Residence: No. 1705 East Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Osler

6. DATE OF BIRTH (month, day, year) Sept 24-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Near Gracehan Frederick Co. Md.

FATHER

13. NAME Cornelius H. Black

14. BIRTHPLACE (city or town) (State or country) Frederick Co. Maryland

MOTHER

15. MAIDEN NAME Amelia Young

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Maryland

17. INFORMANT Charles H. Black

(Address) 742 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL Place United Brethren Cem. Date 8/21 1937

19. UNDERTAKER Chas. H. Black

(Address) 742 W. North Ave.

Eugene Williams

19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to Aug 19 1937

I last saw her alive on Aug 17 1937 Death is said to have occurred on the date stated above, at 4 ± a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma Face.	1933
Other contributory causes of importance: Myocarditis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. W. Kinzey M. D.

(Address) 1817 N. Broadway

F 38356 (Tehoric) F 38356

HEALTH DEPARTMENT—CITY OF BALTIMORE (MB)

CERTIFICATE OF DEATH

F 38356

Registered No. 3-2 102-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 36 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Moy Tehoric

(a) Residence: No. 114 Albermarle Street St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 10/15/1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jugoslavia

FATHER

13. NAME Nick

14. BIRTHPLACE (city or (State or country) Jugoslavia

MOTHER

15. MAIDEN NAME Mary martich

16. BIRTHPLACE (city or town) (State or country) Jugoslavia

17. INFORMANT Baltimore City Hospitals Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 8-20 1937

19. UNDERTAKER J. J. Fahey & Son
(Address) 1318 Light St

20. FILED 1937 Huntington Williams, R.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 8, 1937, to August 12, 1937

I last saw him alive on August 12, 1937. Death is said to have occurred on the date stated above, at 3:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8-8-37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical Was there an autopsy? No

What test confirmed diagnosis? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. DeFrantille, M. D.

(Address) Baltimore City Hospitals

63

F 38357 ✓ F 38357 #25770 SF

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 34,982-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 23 Ward)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? 32 yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Juyraki

(a) Residence: No. 918 Bevans St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 1878 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer (Odd)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Laird Hurst Date 8-20 1937

19. UNDERTAKER J. J. Zafuy & Sons (Address) 518 Light St

20. FILED ..... 19..... Registrar.

19 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 11, 1937, to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8-11-37
Other contributory causes of importance:	
	ditto

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. Del Santello M. D.

(Address) Baltimore City Hospitals

F 38358 F 38358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3325 108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 10-7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World War

2. FULL NAME Wm L. Parker

(a) Residence: No. 811 Aiesquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/13/88

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joseph Parker

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lana Fanfox

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date 8/21/37

19. UNDERTAKER Joseph C. Lodge
(Address) 1302 Division St

20. FILED AUG 23 1937 Registrar. Huntington Wilkinson, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937 to Aug 17, 1937

I last saw h— alive on Aug 17, 1937 Death is said to have occurred on the date stated above, at 8:10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Lobar pneumonia	July 27
Meningitis, due to	Aug 14
pneumococcus type 10	
Pneumococcus bacteremia	Aug 7

Other contributory causes of importance:
Descending anemia

Was an operation performed? yes Date of Aug. 12, 1937

For what disease or injury? Pneumococcus Empyema

Name of operation Thoracotomy

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Caroline Jackson M. D.

(Address) Johns Hopkins Hospital

F 38359

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38359

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hospital (Ward) 3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Maggio

If U. S. Veteran specify WAR .....

(a) Residence: No. 411 S Central Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6. DATE OF BIRTH (month, day, year): June 17 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	31	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Salvatore Maggio

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Francis Pilo

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Salvatore Maggio

(Address) 411 S Central Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 8/20/37

19. UNDERTAKER: Wendell & Dyer

(Address) 1406 Orleans St.

20. FILED ..... 19 1937 By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1937, to Aug 18, 1937

I last saw him alive on Aug 18, 1937. Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus	4 wks
	over
Other contributory causes of importance: Anemia	4 wks
Rickety diathesis	2 wks

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... —, 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Frank R. Stephenson M. D.

(Address) St Joseph Hosp.

F 38360

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38360

CERTIFICATE OF DEATH

34-9

1. PLACE OF DEATH — 25534--CGK — Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 20-3 Ward.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Fred Morgan

(a) Residence: No. 605 S. Payson St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lovie S. Brown

6. DATE OF BIRTH (month, day, year) 3-8-1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Fred Morgan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records of Balto. City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Union Bridge, Md. Date Aug. 20, 1937

19. UNDERTAKER Frederick A. Cole
(Address) 2200 W. Lombard St

20. FILED 19 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 2, 1937 to August 17, 1937

I last saw him alive on August 17, 1937. Death is said to have occurred on the date stated above, at 9:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic heart disease	Feb, 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. A. De Santelle M. D.

(Address) Baltimore City Hospitals

F 38361 (Causey) ✓ F 38361

F 38361 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186a

1. PLACE OF DEATH Md. Gen. Hospital. St., 11-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Peter Causey

(a) Residence: No. 840 Park Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Mal | 4. COLOR OR RACE Wht | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1870

7. AGE | Years 67 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 40 Yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delaware

FATHER

13. NAME Peter B Causey

14. BIRTHPLACE (city or town) (State or country) Del.

MOTHER

15. MAIDEN NAME Joanna Dickerson

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Hospital records,

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Wilmington, Del. Aug 24 1937

19. UNDERTAKER Frederick A Pole

(Address) Wilmington, Del.

20. FILED 19 1937

VSG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19 1937

22. I HEREBY CERTIFY, That I took charge of the remains described hereon and from the evidence above, held an (Inquest, Autopsy or Inquiry) find that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows: 12 1st Pneu. Cerebral Hemorrhage

Date of onset

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 4/3 1937

Where did injury occur? 840 Park Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Manner of injury Fell down steps at home

Nature of injury Fracture of left femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hann Grover M. D. Coroner

(Address) 1215 Harmony

38362

F 38362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1628 Bentalou St., 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jacob M. Reamer

(a) Residence No. 1628 Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed or divorced HUSBAND of (or) WIFE of Sara Reamer

6. DATE OF BIRTH (month, day, year) 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jacob Reamer

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Irving Berton
(Address) 1628 Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date Aug 20 1937

19. UNDERTAKER Sol Levinson Bro

(Address) 1240 Park Ave

20. FILED Aug 21 1937 Huntington Williams, MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 1.30 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. Kann, M. D.
Coroner

(Address) 1215 Hanover

F 38363

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38363

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 18-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 21 dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Baby Girl Watson

(a) Residence: No. 802 W. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) July 27 1937

7. AGE Years	Months	Days 21 hrs.	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Robert Watson

14. BIRTHPLACE (city or town) (State or country) Harrisburg, Pa.

MOTHER

15. MAIDEN NAME Ethel Watson

16. BIRTHPLACE (city or town) (State or country) Bel Air, Md.

17. INFORMANT Ethel Watson
(Address) same

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Memorial Date Aug 20, 1937

19. UNDERTAKER Mrs Katie R. Williams
(Address) 222 N. Schroeder St.

20. FILED 19
Lexington Funeral Home, Inc.

AUG 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1st 1937 to Aug. 19th 1937.
I last saw her alive on Aug. 19th 1937 Death is said to have occurred on the date stated above, at 6:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	21 da.
Other contributory causes of importance: Diarrhea	4 da.

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? P. E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) George H. Davis M. D.

(Address) University Hosp.

8364 F 38364

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County 4327 Reisterstown Rd Registration Dist. No. 131

Village or City Baltimore No. 3 St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U.S., if of foreign birth? 34 yrs. mos. ds.

2. FULL NAME Abraham Gross

(a) Residence: No. 4327 Reisterstown Rd St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Molly Gross

6. DATE OF BIRTH (month, day, and year) 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	26		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Warsaw, Poland (State or country)

FATHER

13. NAME Henry Gross

14. BIRTHPLACE (city or town) Poland (State or country)

MOTHER

15. MAIDEN NAME Minton

16. BIRTHPLACE (city or town) Poland (State or country)

17. INFORMANT (Address) David S. Gross 4327 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL London Mem. Pk Date 8/20/37, 19

19. UNDERTAKER (Address) Jos. Lowe 1459 E. Baltimore

20. FILED , 19 Registrar

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 19 (Day), 193 7 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 193 7 to Aug 19, 19 37

I last saw h[illegible] alive on Aug 19, 19 37, death is said to have occurred on the date stated above, at 2.10 p.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Cardiac Decompensation	
Arteriosclerosis	

Other **Contributory Causes** of importance:

Chronic Nephritis
Hypertension

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph B. Gross M. D.

(Address) 4327 Reisterstown Rd

Instructions to Registrar, 2 to 8 N. Charles Street, Baltimore, Requesting U. S. No. 1.

38365

HEALTH DEPARTMENT—CITY OF BALTIMORE

38365

CERTIFICATE OF DEATH 25754—DF 51-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? 45 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Abraham Rodbell

(a) Residence: No. 2003 Presbury St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: May Rodbell

6. DATE OF BIRTH (month, day, year): 1-20-1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	5 6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: David Rodbell

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Leba Zelda ?

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Washington Rd. Date: 8/20/37 19

19. UNDERTAKER: Jacob Lowe
(Address) 1437 E. Baltimore St

20. FILED [illegible] 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-10, 1937 to 8-19, 1937

I last saw him alive on 8-19, 1937. Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

Pneumania
Urinary obstruction as result of large prostate

Date of onset: 8-17- 2yrs ago

Other contributory causes of importance:
Circulatory failure
Carcinoma of prostate

Was an operation performed? No Date of

For what disease or injury? none

Name of operation

What test confirmed diagnosis? clinically Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Dale Mantegani, M. D.

(Address) Baltimore City Hosp

F 38366

38366 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 46-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Abraham Malman

(a) Residence: No. 4106 Fairview Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Bertha Nee Braunstein

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dr Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Clothing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Julius

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT J. C. Malman (Address) 3116 Oakfield ave

18. BURIAL, CREMATION, OR REMOVAL Pikesville Date 8/20/37

19. UNDERTAKER A. J. Lewis & Co (Address) 1439 E. Baltimore St

20. FILED 19 Registrar

AUG 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/19/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 8/4/37 . 19 to 8/19 . 1937

I last saw him alive on 8/19 . 19 37 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset 8/12/37

Other contributory causes of importance:

Carcinoma of Sigmoid Colon

Was an operation performed? No Date of

For what disease or injury? Carcinoma

What test confirmed diagnosis? biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Kimmelstiel Waller M. D.

(Address) University Hospital

38367 E 38367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 26-1359

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2625 Guantico Ave St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel Shank

(a) Residence: No. 2625 Guantico Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year) Feb 22-1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	61	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME UNKNOWN

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Lawn Cem. 8-20- 1937

19. UNDERTAKER Jos. Kemp Inc
(Address) 1439 E. Balto St.

20. FILED 19 Registrar

AUG 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/16, 1937, to 8/18, 1937

I last saw him alive on 8/18, 1937 Death is said to have occurred on the date stated above, at 11.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	8/11/37
Other contributory causes of importance:	
Senile arteriosclerosis	1935
Diabetes	1935

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H Hunter, M. D.

(Address) 2320 Eutaw Pl

38368 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 38368

CERTIFICATE OF DEATH

✓ 161-a

1. PLACE OF DEATH West Balt Gen. Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Raynor & Dukeland 16-W Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Ashburn — If U.S. Veteran specify WAR .....

(a) Residence: No. 4403 Valley View Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 5/18/37

7. AGE	Years	Months	Days	If LESS than 1 day: hrs. or min.
	✓	✓	✓	11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) West Balt. Gen. Hosp.

FATHER

13. NAME Thomas N. Ashburn
14. BIRTHPLACE (city or town) (State or country) Ivington, Va.

MOTHER

15. MAIDEN NAME Viola M. Hershey
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Thomas Ashburn
(Address) 4403 Valley View Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Aug 20 1937

19. UNDERTAKER Leonard J. Rueck
(Address) 5306 Harford Rd.

20. Aug 20 1937 Ivington, Va

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/19 1937

22. I HEREBY CERTIFY, That I attended deceased from 5:20 PM - 8/18 1937 to 4:58 AM 8/19 1937
I last saw him alive on Above. 19 . Death is said to have occurred on the date stated above, at 4:58 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	
Hemorrhagic Disease of Newborn	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Wharton Lewis M. D.
(Address) WBGH

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38369 ✓ 131 F 38369

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 N. Calhoun St) (S. 14-1 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary E. Jackson

(a) Residence: No. 714 N Calhoun St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Jackson

6. DATE OF BIRTH (month, day, year) Feb. 28, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joseph Baker

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Alexener Williams

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm A. Jackson
(Address) 417 Calhoun St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 8/21/ 37

19. UNDERTAKER Frances A. Hemsley
(Address) 578 W. Biddle St

CERTIFIED AUG 20 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 16. 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15 1937, to Aug. 16 1937.

I last saw her alive on Aug. 17 1937. Death is said to have occurred on the date stated above, at 2.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8/15/37.
Other contributory causes of importance: Cardio - Renal disease	? over

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) C. J. Bifft M. D.

(Address) 1536 W. Lanvale St.

38370 F 38370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181 C C

1. PLACE OF DEATH Balty. Copper Smelting & Rolling Co. Plant — Registered No. 1872

CITY OF BALTIMORE: (No. Highland & Eastbourne Ave St., 7-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles G. Wallman — U. S. Veteran specify WAR

(a) Residence: No. 2919 Rosalie Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine A. Wallman

6. DATE OF BIRTH (month, day, year) April 8 - 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	3 4	18 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Copper Mill

10. Date deceased last worked at this occupation (month and year) Aug. 7 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wm J. Daly
(Address) 2919 Rosalie Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date 8 10 1937

19. UNDERTAKER Wm. F. Miller & Co.
(Address) 1712 E. Baltimore St.

20. DATE RECEIVED 8 10 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned in tank	Aug.
Civd scalded,	8-1937

Other contributory causes of importance:
Contributed by himself

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Contributed by himself Date of injury Aug 7 1937

Where did injury occur? Copper Works
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fell in tank Hot Water

Nature of injury Drowned & scalded

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Ward, M. D. Coroner

(Address) 1712 E. Baltimore St.

V S 6

38371 E 38371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1905 Mc Donough St., 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter Lyshier

(a) Residence: No. 1905 Mc Donough St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 19 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 20 50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wm. H. Lyshier

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Watts

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Earl Nickel
(Address) 1905 Mc Donough St.

18. BURIAL, CREMATION, OR REMOVAL
Place Dulle Cemetery Date Aug 21 1937

19. UNDERTAKER Leo G. Cook
(Address) 1037 Patterson Park Ave

20. FILED Aug 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Paul Schlenker M. D.
Coroner

(Address) 1912 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

AUG 20 1937

38372 F 38372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 156-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Morgan Dawdens

(a) Residence: No. 1101 N. Eutaw St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 22, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	10	28 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Samuel F. Dawdens.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah C. Applegarth

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT (Address) W. K. Dawdens 2507 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL. Place Green Mount Date Aug 21 1937

19. UNDERTAKER (Address) John A. Mitchell & Sons 1900 Eutaw Place

AUG 23 1937 19 ... Registrar Huntington Williams, M.D.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described herein and from the evidence above, held an Inquest (Inquest, Autopsy or Inquiry) find that said deceased came obtained by said Inquest (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myasthenia Gravis	

Other contributory causes of importance: None

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Paul Schwartz, M. D. Coroner

(Address) 1912 North Ave.

F 38373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 E Baltimore St. 24-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank S. Matthews

If U. S. Veteran specify WAR .....

(a) Residence: No. 1503 Light St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Clara Matthews

6. DATE OF BIRTH (month, day, year) Aug 24, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	59	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Bldg Repairing

10. Date deceased last worked at this occupation (month and year) August 1937

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) North East Maryland

FATHER

13. NAME William Matthews

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Lydia Ann Nolan

16. BIRTHPLACE (city or town) (State or country) North East Maryland

17. INFORMANT Frank S. Matthews Jr.

(Address) 3507 Clarkson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place North East, Md. Date Aug. 21 1937

19. UNDERTAKER Walter Brooks Bradley

(Address) 1922 W. Baltimore Ave

20. Aug 20 1937 19 Registered Aug 21 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to HIS death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Aug 37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) James C. Wolfe Coroner M. D.

(Address) 331 E. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

38374 38374

CERTIFICATE OF DEATH

23114 Registered No. 1937

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward) 1937

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Levi Alexander Johnson

(a) Residence: No. 514 N. Gilmore St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-29-1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County, Md.

FATHER

13. NAME Levi Johnson

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Rachael Bell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Bertha Woodson (Address) 514 N. Gilmore St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Aug Sept 21 1937

19. UNDERTAKER J. A. Brooks. (Address) 1427 Carey st

AUG 20 1937 City Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-16 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-28 1937, to 8-16 1937

I last saw h.. alive on 8-16 1937. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign prostatic hypertrophy	1927
Uremia	8/1/37

Other contributory causes of importance:

Was an operation performed? Yes Date of 7/12/37 - 7/20/37

For what disease or injury? Benign prostatic hypertrophy

Name of operation (1) Supra pubic opposum + cystotomy (2)

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No ..... If so, specify .....

(Signed) Lee Woodward Jr. M. D.

(Address) Balto. City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38375

CERTIFICATE OF DEATH

93-F 38375

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2136 Oak St. Ward) 12-7

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Angeline Carter Harris

If U. S. Veteran specify WAR .....

(a) Residence: No. 2136 Oak St., St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Color	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eddie

6. DATE OF BIRTH (month, day, year) Aug 14 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nansemond Co. Va.

FATHER

13. NAME Steven Thomas

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Minnie H. Burroughs
(Address) 2136 Oak St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date Aug 20 1937

19. UNDERTAKER Wm H. Elliott-Augusta
(Address) 1129 N. Gay St.

20 1937 Arlington Virginia

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1937 to Aug 17, 1937

I last saw him alive on Aug 13, 1937. Death is said to have occurred on the date stated above, at 12.50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis and Arteriosclerosis	
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Medical Examination

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. H. Hart, M. D.

(Address) 215 Washington Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE #25731

F 38376

CERTIFICATE OF DEATH

23 F 38376 SF

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Beverly Thornton

(a) Residence: No. 2421 Brentwood Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married (sep.)

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances

6. DATE OF BIRTH (month, day, year) 3/22/1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	56	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cook 2121

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Frances

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Clay Bank VA Date 8/20 1937

19. UNDERTAKER Rayner Sanders

(Address) 141 S. E. Preston St Baltimore, Md

Registrar

G 20 1937

VS 5

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 9, 1937 to August 16, 1937

I last saw him alive on August 16, 1937. Death is said to have occurred on the date stated above, at 1.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	July 1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. de Sanctis M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38377 46-e F 38377

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Sinai Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 1400 Ward)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ....yrs. ....mos. ....da.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Rosenthal

(a) Residence: No. Marlborough Apts St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 3 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing 0045

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Berlin, Germ.

FATHER

13. NAME James Rosenthal

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma Blumenthal

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. M. Rosenthal
(Address) 3240 Tioga Ave.

18. BURIAL, CREMATION OR REMOVAL
Chev Shalom Date Aug. 20 1937

19. UNDERTAKER Aloha Lindsay & Son
(Address) 1902 Eutaw Place.

20. FILED AUG 20 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to Aug. 19, 1937.
I last saw him alive on Aug. 19, 1937. Death is said to have occurred on the date stated above, at 5:30 Am.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Bronchopneumonia	8/1/37
Myocardial insufficiency	8/15/37
Carcinoma of coecum	3/37

Other contributory causes of importance:
Generalized arteriosclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
No If so, specify .....

(Signed) Alfred L. Schwartz, M. D.

(Address) .....

F 38378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-6 93 F 38378

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1738 N Duncan St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dora E. Debes

If U. S. Veteran, specify WAR No Record

(a) Residence: No. 1738 N. Duncan St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Charles Debes

6. DATE OF BIRTH (month, day, year) March 31 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mississippi

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Garland Mansfield ~~Debes~~ Duncan St

(Address) 1738 N

18. BURIAL, CREMATION OR REMOVAL

Interment Fernwood Date Aug 21st 1937

Mt Rock

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

Huntington Williams, MD

AUG 20 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Injury (Inquest, Autopsy or Inquiry) find that said deceased came ...her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1718 E. Baltimore Ave.

OCCUPATION is very important. See instructions on back of certificate.

V S 6

38379

HEALTH DEPARTMENT—CITY OF BALTIMORE

38379

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hosp. St. 24-3 Ward

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George A. Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 1418 Battery ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Jemings Smith

6. DATE OF BIRTH (month, day, year) Jan 19-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lapper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Canneries

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wm Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Katherine Roach

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Martha Searey

(Address) 1418 Battery ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Aug 23 '37

19. UNDERTAKER Elizabeth Hart Inc.

(Address) 115 E. West St.

20. FILED Aug 20 1937 Harrington Whitmore, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1937 to Aug 19, 1937

I last saw him alive on Aug 19, 1937 Death is said to have occurred on the date stated above, at 11.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Pulmonary Tuberculosis	?
	?

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank L Stephenson M. D.

(Address) St Jos Hosp.

38380 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 38380

CERTIFICATE OF DEATH

25855--EF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 3-1 Ward) Registered No. 107-37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Schriebert

If U. S. Veteran specify WAR .....

(a) Residence: No. 419 S. Bond St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1872?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug 20 1937

19. UNDERTAKER Frank V. Pikitone
(Address) 2818 E. Baltimore St

20. Filed 19 Registrar

AUG 20 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 14, 1937, to August 19, 1937

I last saw h. alive on August 19, 1937. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8-17-37

Other contributory causes of importance:

Coronarsclerosis	Unknown

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. A. De Santalla, M. D.

(Address) Baltimore City Hospitals

38381 F 38381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 54

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dorothy Little

(a) Residence: No. 5504 Reisterstown Rd. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 16 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	—	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Harry S Little

14. BIRTHPLACE (city or town) (State or country) Baltimore City

MOTHER

15. MAIDEN NAME Susan M Boyle

16. BIRTHPLACE (city or town) (State or country) Phila Pa

17. INFORMANT Harry S Little

(Address) 5504 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Aug 23 1937

19. UNDERTAKER Geo M Little

(Address) 2700 Edmondson Ave

20. FILED AUG 20 1937

Lexington Williams & Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/19, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1937, to 8-19-37, 19

I last saw h.. alive on 8-19-37, 19. Death is said to have occurred on the date stated above, at 2:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diffuse encephalitis	8-16-37
	over
Other contributory causes of importance:	
Pulmonary Infection	1933

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Henry L. Rigdon, M. D.

(Address) University Hospital

38382 F 38382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1831 Aiken St., 9-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 45 yrs. ..... mos. ..... ds.

2. FULL NAME Clara Braun,

(a) Residence: No. 1831 Aiken St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William P.Braun,

6. DATE OF BIRTH (month, day, year) September 5.1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Joseph Sidley,

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Barnes,

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Wm.P.Braun,

(Address) 1831 Aiken St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date AUG 23 1937

19. UNDERTAKER Geo A Little

(Address) 2700 Edmondson Ave.

20. FILED AUG 20 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 19 1937

22. I HEREBY CERTIFY, That I attended deceased from July 5 . 1937 . to Aug 19 . 1937

I last saw her alive on Aug 17 . 1937 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Thrombosis	
Arteriosclerosis,	5 yrs
Other contributory causes of importance Chronic Interstitial Nephritis	8 yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Lloyd D Fiesch M. D.

(Address) 936 E. Monument St

38383 E-38383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4208 Furley Ave. St., 26-2 Ward)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Anna Hetzler,

(a) Residence: No. 4208 Furley Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John M. Hetzler,

6. DATE OF BIRTH (month, day, year) August 11. 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	--	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Frederick Michel,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina Fenner,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Anna M. Schmelz,
(Address) 4208 Furley Ave.

18. BURIAL, CREMATION, OR REMOVAL AUG 21 1937
Place Western Cem Date ..... 19..

19. UNDERTAKER Robert S Sittler
(Address) 2700 Edmondson Ave.
Huntington Williams, Inc

20. FILED
AUG 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1937 to Aug 18 1937

I last saw her alive on Aug 18 1937 Death is said to have occurred on the date stated above, at 7.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
Chronic myocarditis	
Chronic nephritis	
Partial intestinal obstruction	

Other contributory causes of importance:
Gall stone, uterine fibroid
Obesity and senility

Was an operation performed? no Date of .....

For what disease or injury? none

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Walter A Anderson M. D.
(Address) 3001 Shannon Drive

38384 **HEALTH DEPARTMENT—CITY OF BALTIMORE** No. 38384

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 153

CITY OF BALTIMORE: (No. Sinai Hospital St., 26-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Barbara Siebenhaar — If U. S. Veteran specify WAR .....

(a) Residence: No. 3221 Foster Ave. Balto. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	MARRIED

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of JOSEPH SIEBENHAAR

6. DATE OF BIRTH (month, day, year) JULY. 9/1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	1	9 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME JOHN DOERFLER

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME MARGARET MAIER

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT JOSEPH SIEBENHAAR
(Address) 3221 FOSTER AVE.

18. BURIAL, CREMATION, OR REMOVAL
Place SACRED HEART Date AUG. 23 1937

19. UNDERTAKER Lilly F. Zerbe
(Address) 403 S. WOLFE ST.

20. 1937 Washington Witness, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/26/37, 19..., to 8/19/37, 19...

I last saw her alive on 8/19/37, 19... Death is said to have occurred on the date stated above, at 2:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pemphigus vegetans	1932
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) David Baxter M. D.

(Address) Sinai Hospital

38385 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 38385

CERTIFICATE OF DEATH

CK √ 95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 26-12 Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Hattie Sample

(a) Residence: No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 2

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records of Balto City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dist Woodlawn Date Aug 20 1937

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Bentwood St

20. FILED ... 19... Registrar.

G 21 1937

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17. 1937

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1937, to August 17, 1937

I last saw her alive on August 17, 1937. Death is said to have occurred on the date stated above, at 8 57 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1935
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical Yes

What test confirmed diagnosis? Was there an autopsy? Post

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) H. A. De Sautelle M. D.

(Address) Baltimore City Hospitals

E 38386

38386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 12-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 10 mos. 26 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Edward Schlepegrell

If U. S. Veteran specify WAR .....

(a) Residence: No. 2654 - Huntington Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 24, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George H. Schlepegrell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Irene Peddicord

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT George H Schlepegrell.
(Address) 2654 Huntington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Pfiffer's corner Howard Co. Date Aug 21, 1937

19. UNDERTAKER Chenoweth & Sons
(Address) 363 Cathedral St.

20. FILED ..... 19 ..... Registrar

AUG 23 1937

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Aug. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 13, 1937 to Aug. 19, 1937

I last saw h[e] alive on Aug. 19, 1937 Death is said to have occurred on the date stated above, at 6.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro-enteritis	8/7/37
Bilateral adrenal Hemorrhages	8/19/37

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Sidney Selman M.D.

(Address) Union Memorial Hospital

OCCUPATION IS VERY important. See instructions on back of certificate.

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F F 38387

F 38387

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2533 Frederick Ave St., 20-5 Ward.

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs ..... mos. ..... ds.

2. FULL NAME Augusta Teresa Toelle

(a) Residence: No. 2533 Frederick Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles F Toelle

6. DATE OF BIRTH (month, day, year) March 8 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ——— Hartung

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles F. Toelle

(Address) 2533 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 21 1937

19. UNDERTAKER F. X. Mahoney

(Address) 1600 Edmondson Ave

20. Date Aug 20 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17 1937

22. I HEREBY CERTIFY, That I attended deceased from July 16 1937 to Aug 17 1937

I last saw h[illegible] alive on Aug 17 1937 death is said to have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Pancreas & Liver — Date of onset about Feb 37

Other contributory causes of importance:

Hemorrhage into Pancreas.

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify No

(Signed) Joseph E Gochnour M. D.

(Address) 3701 Garrison Blvd

OCCUPATION is very important. See instructions on back of certificate

HEALTH DEPARTMENT—CITY OF BALTIMORE

38388 52 F 38388

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 Mt. Holly St. St., 16-8 Ward)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bridget Agnes Dunleavy

If U. S. Veteran specify WAR .....

(a) Residence: No. 617 Mt Holly St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Michael J. Dunleavy

6. DATE OF BIRTH (month, day, year) Feb 2 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Michael McHale

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Roach

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary A. Dunleavy
(Address) 617 Mt. Holly St.

18. BURIAL, CREMATION, OR REMOVAL
Mount Cathedral Date Aug 23 37

19. UNDERTAKER F. O. Kippert
(Address) 130 E. Eutaw Place

20. FILED AUG 20 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15 1936 to Aug 19 1937

I last saw her alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Nose and adjacent structures	1935
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Symptoms Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. W. Billups M. D.

(Address) 222 W. Mount

38389

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38389

CERTIFICATE OF DEATH ✓ 22517 (MB)

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals s 4-1 Ward) 107-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Patrick Farley

(a) Residence: No. 415 St. Paul Place St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 4/7/1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Patrick (dead)

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary (dead)

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date Aug 21 1937

19. UNDERTAKER Albert W Berger
(Address) 440 E. Mulberry St

20. FILED 19 ..... [illegible]

20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 19 1937

22. I HEREBY CERTIFY, That I attended deceased from April 7 1937 to August 19 1937

I last saw him alive on August 19 1937. Death is said to have occurred on the date stated above, at 12:05 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 8-14-37

Other contributory causes of importance:

Arteriosclerosis — Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. A. de Santalla, M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38390 ✓ 34-J-82-a

25866--M Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Daniel McNeal

(a) Residence: No. 6710 Bessemer Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-15-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospitals Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mathias Date Aug 21, 1937

19. UNDERTAKER Wendell J. Hoffgal
(Address) 1406 Gorsuch St

20 1937 Registrar.

VS 3

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1937 to August 18, 1937

I last saw him alive on August 18, 1937 Death is said to have occurred on the date stated above, at 12 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	July 1937
Bronchopneumonia	8-16-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. de Saussure M. D.

(Address) Baltimore City Hospitals

E 38391

HEALTH DEPARTMENT—CITY OF BALTIMORE

38391

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH University Hospital

Registered No.

CITY OF BALTIMORE: (No. 4-2 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Casper Cas Whitson

If U. S. Veteran specify WAR

(a) Residence No. Upper Marlboro Md — St. Johnston Ave Ward Tennessee

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 2-1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N Carolina

FATHER

13. NAME Calvin Whitson

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Nancy Barnes

16. BIRTHPLACE (city or town) (State or country) N Carolina

17. INFORMANT Calvin Whitson

(Address) Mustoe City Texas

18. BURIAL, CREMATION, OR REMOVAL

Place Oxford N.C. Date Aug 22 1937

19. UNDERTAKER Edw C Tipton

(Address) Hampstead Md

20. FILED 19 Registrar.

AUG 23 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/18/37. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Base Skull	8/18

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Acc Date of injury 8/18/37

Where did injury occur? Near Hampstead Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Highway

Manner of injury While walking along

Nature of injury Side of Road

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert Bradley Artz M. D.

Coroner

(Address) 107 N. Charles St

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1208-9

38392

Dr. Paul Abernethy, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 38392

186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward) 9-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Charlotte Gilbert

(a) Residence: No. 703 E. 31th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	W. Dowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph J. Gilbert

6. DATE OF BIRTH (month, day, year) May 17, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Michael Flaherty

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Sinclair

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records

(Address) Church Home

18. BURIAL, CREMATION, OR REMOVAL

Place Lorbaths Date 8/21 1937

19. UNDERTAKER John J. Mogan

(Address) 3002 E. Baltimore St.

20 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-18-37 19

22. I HEREBY CERTIFY, That I attended deceased from 8-10-37, 19, to 8-18-37, 19

I last saw her alive on 8-17-37 19. Death is said to have occurred on the date stated above, at 3 45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Neck of left femur	8-6-37
Hypostatic Congestion	8-10-37

Other contributory causes of importance: Arteriosclerosis Generalized Arteriosclerotic Heart Disease

Name of operation Application Cast Date of 8-6-37

What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide Accid Date of injury 8-6 1937

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home in Kitchen

Manner of injury Fell upon left hip

Nature of injury Fracture of left hip

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh C. Abernethy M. D.

(Address) Church Home & Infirmary

OCCUPATION is very important. See instructions on back of certificate.

38393 F 38393

HEALTH DEPARTMENT—CITY OF BALTIMORE #25076

CERTIFICATE OF DEATH ✓ 46-B SF

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospitals St. 2-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter Mulligan
If U. S. Veteran specify WAR

(a) Residence: No. 1722 Aliceanna St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/18/1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	63	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Tracey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cath. Date 8/21/ 1937

19. UNDERTAKER John J. Doran
(Address) 3006 E. Balto St.

20. FILED [illegible] Deputy

AUG 20 1937

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-18 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/11 1937 to 8-18 1937

I last saw h/ alive on 8-18 1937. Death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma stomach with metastasis	Before June 1937
Surgical Shock	8/18/37

Other contributory causes of importance:

Was an operation performed? Yes Date of 8/18

For what disease or injury? Carcinoma stomach

Name of operation Posterior gastro-enterostomy

What test confirmed diagnosis? X-ray + Surgery Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) K.K. Woodward Jr. M. D.

(Address) Balto City Hosp

F 38394

3333331

F38394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Christine Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 1067 N. Gay St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 2/22/37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6 5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Clarence

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Mattie Western

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Reads JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Aug 21 1937

19. UNDERTAKER Edwin O Wilson

(Address) 1000 Brandt Ave

20 1937 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Aug 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1937 to Aug 20, 1937

I last saw her alive on Aug 20, 1937 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary Dysentery, Type undetermined	5 days

Other contributory causes of importance:

Diabetes	1937
Surgery	437

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) James H. Hurland M. D.

(Address) Johns Hopkins Hospital

M. D. R. 1268-9

38395 F 38395

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. 6-5 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard L. Peregoy

(a) Residence: No. St., Ward. Parkton Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. ~~Lora~~ Bull Peregoy

6. DATE OF BIRTH (month, day, year) March 27, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	5 4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Road Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Forest, Md.

FATHER

13. NAME Stauffer Peregoy

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lora Bull

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Keziah Peregoy (Address) Parkton, Md

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Date Aug 22 1937

19. UNDERTAKER P. Maslen Sons (Address) White Hall, Md

21 1937 Huntington Williams, D.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-13, 1937, to 8-20, 1937

I last saw him alive on 8-20, 1937 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Failure	8-16-37
Uremia	8-13-37

Other contributory causes of importance:

Hypertrophy of ventricle	over
Arterio-sclerotic heart disease with decompensation.	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh C. Slagenhaft, M. D.

(Address) Church Home & Infirmary

OCCUPATION is very important. See instructions on back of certificate.

F 38396

HEALTH DEPARTMENT—CITY OF BALTIMORE

38396

CERTIFICATE OF DEATH

51-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (St.) 500 (Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lynn Taylor Va

(a) Residence: No. 3404 Pinkney Rd St., ... Ward. No Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Harriett Taylor

6. DATE OF BIRTH (month, day, year) April 28th 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor

10. Date deceased last worked at this occupation (month and year) 6/16/37

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Accomac Va

FATHER

13. NAME Lynn F. Taylor

14. BIRTHPLACE (city or town) (State or country) Horntown Va

MOTHER

15. MAIDEN NAME Josephine Fox

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Harriett Taylor

(Address) 3404 Pinkney Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Aug 23rd 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Huntington Williams M.D.

AUG 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/20 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/23 1937 to 8/20 1937

I last saw h[illegible] in alive on 8/20 1937 Death is said to have occurred on the date stated above, at 5:50 P m.

The principal cause of death and related causes of importance were as follows:

	Duration
Carcinoma of bladder (over)	1937
Other contributory causes of importance: Metastasis	1937

Was an operation performed? Yes Date of 7/28/37

For what disease or injury? Carcinoma of bladder

C metastasis to left acetabulum

What test confirmed diagnosis? Path. & clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Raymond B Hayes M. D.

(Address) University Hospital

38397 F 38397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 139 South Potomac St., 1-2 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR No Record

2. FULL NAME Sarah Evans

(a) Residence: No. 139 South Potomac St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: William Evans

6. DATE OF BIRTH (month, day, year): Feb 9-1842

7. AGE: Years 95 | Months 6 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Wales

FATHER

13. NAME: Rees

14. BIRTHPLACE (city or town) (State or country): Wales

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Wales

17. INFORMANT: Gwilym Evans
(Address) 139 South Potomac

18. BURIAL, CREMATION, OR REMOVAL
Place: Oaklawn Cemetery Date: Aug 23rd 37

19. UNDERTAKER: William Cook
(Address) 1217 St Paul St.

Huntington Williamson

AUG 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1937 to Aug 20 1937

I last saw her alive on Aug 19 1937. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset: Aug 18 1937

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clinical. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.

(Address) 315 N. Oakland Ave

OCCUPATION is very important. See instructions on back of certificate.

38398

HEALTH DEPARTMENT—CITY OF BALTIMORE

38398

CERTIFICATE OF DEATH

46-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1768 Homestead St. Ward) 9-7

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura V. Fifer

If U.S. Veteran specify W.A.C. No Record

(a) Residence: No. 1768 Homestead St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced (HUSBAND of) (or) WIFE of Clarence A. Fifer Sr

6. DATE OF BIRTH (month, day, year) Dec 25 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Theodore Colton

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Emma Brier

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Clarence A Fifer

(Address) 1768 Homestead St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Aug 24 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

21 1937 Huntington Williams, Inc

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19 1937

22. I HEREBY CERTIFY, That I attended deceased from April 28 1937 to Aug 19 1937

last saw h[illegible] alive on Aug 19 1937. Death is said to have occurred on the date stated above, at 12[10] m.

The principal cause of death and related causes of importance, were as follows:

Carcinoma of Gall bladder. Carcinomatosis — Date of onset Nov 1936

Other contributory causes of importance:

Broncho pneumonia — Aug 18 37

Was an operation performed? yes Date of Apr 5 1937

For what disease or injury? Exploratory. Inoperable

What test confirmed diagnosis? Carcinoma of Gall bladder

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Burtis Ridge M. D.

(Address) 16 E Eager St

OCCUPATION is very important. See instructions on back of certificate.

F 38393

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38393

94-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Knickerbocker Bldg St. 15-8 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR Spanish-American

2. FULL NAME George M. Tucker

(a) Residence: No. 3709 Piedmont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva M. Tucker

6. DATE OF BIRTH (month, day, year) Aug. 10, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit Co

10. Date deceased last worked at this occupation (month and year) 8-19-37

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Waldon N.Y.

FATHER

13. NAME L. Tucker

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Bertha McGee

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Eva M. Tucker
(Address) 3709 Piedmont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place U.S. National Date Aug 21, 1937

19. UNDERTAKER Wm Cook
(Address) 1217 Eutaw St

Filed AUG 21 1937, Huntington Williams, Registrar

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Aug. 37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Samuel K. Wolfe, M. D.
Coroner

(Address) 133 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

F 38400

38400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital) St. 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Boy Boy Fryza

(a) Residence: No. 608 S. Linwood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Boy		

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 20, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				18 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Peter Fryza

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Catherine Wisniewski

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Pete Fryza.

(Address) 608 S Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Aug. 21, 1937

19. UNDERTAKER Fred W Gazewski

(Address) 1930 Eastern Ave

20. FILED AUG 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1937, to Aug 20, 1937

I last saw him alive on Aug 20, 1937 Death is said to have occurred on the date stated above, at 6 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity —	
Other contributory causes of importance: —	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Frank R Stephenson M. D.

(Address) St Joseph Hosp.

OCCUPATION is very important. See instructions on back of certificate.

38401

HEALTH DEPARTMENT—CITY OF BALTIMORE

38401

CERTIFICATE OF DEATH

25630 (MB)

Registered No. 349-168

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yr. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR ...

2. FULL NAME George Green

(a) Residence: No. 839 Ashland St. St., ...Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida M. Green

6. DATE OF BIRTH (month, day, year) 3/17/1892

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	45	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Green

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place National Cem. Date 8-21- 1937

19. UNDERTAKER Bryant Mamie & Wright

(Address) 1218 Pine & Laverty St

20. FILED ... 19... Registrar. ...

AUG 21 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 18. 1937

22. I HEREBY CERTIFY, That I attended deceased from August 6, 1937, to August 18, 1937

I last saw h[illegible] alive on August 18, 1937. Death is said to have occurred on the date stated above, at 5-15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	8-12-37

Other contributory causes of importance:

Vincent's Stomatitis	July 1937

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation Clinical Was there an autopsy? No

What test confirmed diagnosis ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. A. de Sautelle M. D.

(Address) Baltimore City Hospitals

38402

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38402

107-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 301 E. 25th St. 12-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. -- mos. --- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Lina Wooters

If U.S Veteran specify WAR ....

(a) Residence: No. 301 E. 25th St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --------

6. DATE OF BIRTH (month, day, year) Nov. 11, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) -------- Maryland

FATHER

13. NAME James Wooters

14. BIRTHPLACE (city or town) (State or country) -------- Maryland

MOTHER

15. MAIDEN NAME Ellen Stuart

16. BIRTHPLACE (city or town) (State or country) -------- Maryland

17. INFORMANT Miss Rosa R. Wooters

(Address) 301 E. 25th Street

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cemetery 8/21 37

19. UNDERTAKER Hardy U. Meaks and Son

(Address) 503 N. Calvert St.

20. FILED [illegible] Registrar

AUG 21 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937 to Aug 19, 1937

I last saw her alive on Aug 17, 1937. Death is said to have occurred on the date stated above, at 1 a m. p m. night

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	8/6
Senilis & age	

Other contributory causes of importance

Was an operation performed? No Date of .....

For what disease or injury? No

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. Kuyler M. D.

(Address) Linwood & Gist

Spec.—1-10-21—M&T—1500 Bks.

38403

F 38403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47-B

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3519 Lexington York Road ST., 9-3 WARD)

2-FULL NAME John Edward Broadbent

(a) RESIDENCE NO. 3519 G. York Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Kilton

6 DATE OF BIRTH (month, day, and year) February 8, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Inspector for city

(b) General nature of industry, business, or establishment in which employed (or employer) M. C. P. Work

(c) Name of employer City of Baltimore, Baltimore Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER John E. Broadbent

11 BIRTHPLACE OF FATHER (city or town) (State or country) ..... Maryland

12 MAIDEN NAME OF MOTHER Virginia Powell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mary E. Broadbent (wife)
(Address) 3519 G. York Road

AUG 21 1937

15 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 20 1937

17 I HEREBY CERTIFY, That I attended deceased from March 26, 1937, to August (20) 1937, that I last saw him alive on August 19, 1937, and that death occurred, on the date stated above, at 7:40 a. m.

The CAUSE OF DEATH* was as follows:

Cancer left lung

(duration) ..... yrs. 11 mos ..... da.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? X Ray

(Signed) Geo. C. Bunting, M. D.

8-20 1937 (Address) 313 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fairwood Cemetery — DATE OF BURIAL 8-23 1937

20 UNDERTAKER Wm Cook 1217 — ADDRESS St. Paul St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 38404

38404

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Johanna Neary

(a) Residence: No. 8 N. Lakewood Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Thomas Neary

6. DATE OF BIRTH (month, day, year) .....

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (City or town) (State or country) Balto

FATHER

13. NAME Ignatius Neary

14. BIRTHPLACE (City or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Julina Ripple

16. BIRTHPLACE (City or town) (State or country) Balto

17. INFORMANT Thomas Neary

(Address) 8 N Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Aug 23-37

Place

19. UNDERTAKER Dorf & Hamerstrom

(Address) 3051 Eastern Ave

20. FILED Aug 21 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937, to Aug 20, 1937

I last saw her alive on Aug 20, 1937. Death is said to have occurred on the date stated above, at 1 45/60 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Terminal Bronchopneumonia	2 dys
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank L. Stephenson M. D.

(Address) 1 E. Lexington St.

OCCUPATION is very important. See instructions on back of certificate.

Transcript

E 38405

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38405

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 N Broadway St., 7-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Eleanor Read

If U. S. Veteran specify WAR .....

(a) Residence: No. 915 N Broadway St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. Color or Race W.

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles B Read

6. DATE OF BIRTH (month, day, year) Aug 21-1860

7. AGE Years 77 Months 11 Days 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ethel M. Curtis

(Address) 915 N Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 24. 1937

19. UNDERTAKER Charles G. Black

(Address) 742 W. North Ave

20. FILED ..... 19..... Registrar.

AUG 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 20 1937 19

22. I HEREBY CERTIFY That I attended deceased from June 11 37 to AUG 20 1937 19

I last saw h[illegible] alive on Aug 19 1937 Death is said to have occurred on the date stated above, at 12 40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1 yr
Other contributory causes of importance: Cerebral Hemorrhage	1 wk

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Specify)

(Signed) Edward J Kost M. D.

(Address) 4137 Harrington Ave

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38406

CERTIFICATE OF DEATH

186-B F 38406

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harry Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 815 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nashville Tenn.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Bertha Giles

(Address) 645 W. Fairmount

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Aug 21, 1937

19. UNDERTAKER McRatz R. Wellinger

(Address) 322 E. Lafayette St

20. FILED Huntington Wellinger Asst. Registrar

AUG 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of Liver	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury, Aug. 17, 193

Where did injury occur? 900 W. Saratoga St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place House

Manner of injury Side Wall Fell

Nature of injury Rupture of Liver

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify Underpining Wall it Fell

H. H. Bruns M. D.
Coroner

(Address) 2252 W. Mont

OCCUPATION is very important. See instructions on back of certificate.

F 38407

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38407

CERTIFICATE OF DEATH

✓ 181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 Johns Hopkins Hospital St. 27-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm Chas N. Paul

If U. S. Veteran specify WAR

(a) Residence: No. 615 Springfield Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12-4-35

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore md

FATHER

13. NAME James Paul

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ella May Carter

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Wallace Boyd

(Address) 1015 Springfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lucas Date Aug 22 1937

19. UNDERTAKER Jno. F. Clarke Sons

(Address) 638 N. Eutaw St

Aug 21 1937 19 Registrar.

Huntingtn Williams, MD

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-19 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spasm of Glottis Laryngismus of Bronchus	Aug 16 37
Other contributory causes of importance: —	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) state in also the following: Accident, suicide, or homicide? Date of injury 1937

Where did injury occur? 1015 Springfield Ave Balto Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Fell in bucket of hot water & scalded

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George E. Allen M. D.

(Address) 507 Evergreen Rd

OCCUPATION is very important. See instructions on back of certificate.

38408

HEALTH DEPARTMENT—CITY OF BALTIMORE

#25652 SF

CERTIFICATE OF DEATH ✓

34-9-82 a F 38408

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 19-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Simmons

(a) Residence: No. 1503 W. Fairmount Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maude

6. DATE OF BIRTH (month, day, year) 11/1/~~1883~~ 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~84~~	52 ~~74~~	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~None~~

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Cora ?

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 8/23 '37

19. UNDERTAKER George E. Kelly
(Address) 1313 Aliceanna St

20. [illegible] 19 [illegible] Registrar.

AUG 21 1937 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1937, to August 19, 1937

I last saw him alive on August 19, 1937. Death is said to have occurred on the date stated above, at 3:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8-5-37
Bronchopneumonia	8-15-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. A. de Santelle, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 38403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 38403 ✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3519 Claremont St. St., 26-8 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Myers

(a) Residence: No. 3519 Claremont St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick M. Myers

6. DATE OF BIRTH (month, day, year) April 1, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

FATHER

13. NAME Jacob Siegrest

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mr. F. M. Myers, 3519 Claremont St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug. 23, 1937

19. UNDERTAKER Frederick Loose & Son
(Address) 7401 Belair Road

20. FILED AUG 21 1937 Harrington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1-37, 19.. to Aug. 20-37, 19.. I last saw h.. alive on Aug 20 ..37. Death is said to have occurred on the date stated above, at 8:50 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Intestitial Nephritis	5 yrs
Other contributory causes of importance: Cerebrovascular	15 yrs

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. H. Herrman, M. D.

(Address) 2412 E. Baltimore

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38410 (12) V 46-B F 38410

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1020 Madison Ave St. 11-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Isabelle Morton.

(a) Residence: No. 1020 Madison Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Morton

6. DATE OF BIRTH (month, day, year) 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fauquier Co. Va.

FATHER

13. NAME Kenrick Combs

14. BIRTHPLACE (city or town) (State or country) Fauquier Co. Va.

MOTHER

15. MAIDEN NAME Theresa Foutz

16. BIRTHPLACE (city or town) (State or country) Fauquier Co. Va.

17. INFORMANT Flossie Butts
(Address) 1020 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Catlett, Fauquier Co. Va. Aug 23. 31

19. UNDERTAKER Jno. Geo. H. Holland
(Address) 1631 Druid Hill Ave

AUG 21 1931 19 H Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17. 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 1931 to Aug 17 1931

I last saw h-r alive on Aug 17 1931 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancerous Ulcer	1930

Other contributory causes of importance:

Was an operation performed? none Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) L. A. Johnson M. D.

(Address) 2329 Greenford Ln.

OCCUPATION is very important. See instructions on back of certificate.

F 38111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

F 38111

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2308 Madison Ave St., 19-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)*

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida Hankins

(a) Residence: No. 2308 Madison Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Hankins

6. DATE OF BIRTH (month, day, year) Oct 3 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) July 37

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME James Lewis

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Edwards

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Irene Hankins

(Address) 2308 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Bowlers, Va., Date Aug. 22 37

19. UNDERTAKER Mrs. Geo. H. Holland

(Address) 631 Druid Hill Ave

AUG 21 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1937 to Aug 18 1937

I last saw her alive on Aug 18 1937 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 1 1937
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) T. D. Horton M. D.

(Address) 710 S. Bond St

OCCUPATION is very important. See instructions on back of certificate.

F 29112

STATE OF MARYLAND—CERTIFICATE OF DEATH

F 29112

1. PLACE OF DEATH

County ... 1108 N. PARRISH ST ... Registration Dist. No. ... 23

Village or City Balto. Md. ... No. ... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elyne Howard

If U. S. Veteran, specify WAR ...

(a) Residence: No. 1108 N. Parrish St., Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	B.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Howard

6. DATE OF BIRTH (month, day and year) 3/4/1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	5	17 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Labor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ...

10. Date deceased last worked at this occupation (month and year) April 1937

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Laurel, Md.

FATHER

13. NAME Thomas Howard

14. BIRTHPLACE (city or town) (State or country) Laurel, Md.

MOTHER

15. MAIDEN NAME Sarah Ann Gardner

16. BIRTHPLACE (city or town) (State or country) Ann Arundel Co Md.

17. INFORMANT (Address) Mary Howard 1108 N Parrish St

18. BURIAL, CREMATION, OR REMOVAL

Place Beacon Chapel Date Aug 23 1937

19. UNDERTAKER (Address) W. R. Selby Laurel, Md.

19 ... (Signature of Registrar)

THE MORGUE

8 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 20 (Day) 1937 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1937, to Aug. 20, 1937

I last saw h... alive on Aug 19, 1937, death is said to have occurred on the date stated above, at 9 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Other **Contributory Causes** of importance:	
myocarditis & aortitis	?

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify ...

(Signed) C. J. Pitts M. D.

(Address) 1536 W. Lafayette St

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38413 — 46-BH — 38413

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 1600 West) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....da. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Vincent Ferdinand Ruthbaumbas — If U.S. Veteran specify WAR .....

(a) Residence: No. Unknown St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of

6. Date of birth (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, saw, etc. bookkeeper, etc. — Farmer — Odd jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Europe.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Marie Watkins
(Address) 2317 Auchentoroly Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer 8/21/37 Woodlawn

19. UNDERTAKER Harry H. Wolfe
(Address) 4106 Edmondson Ave.

20. FILED AUG 21 1937 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/20/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from July 7 . 1937 to August 20 1937
I last saw him alive on 8/20 . 19 37 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	

Other contributory causes of importance: None

Was an operation performed? Yes Date of 8/17/37
For what disease or injury? Ca of stomach
What test confirmed diagnosis? X Ray examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Milton Levin, M. D.
(Address) WBGH

F 38411

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38411

CERTIFICATE OF DEATH 25929--F

V 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 8-25 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Mullen

If U. S. Veteran specify WAR

(a) Residence: No. 1700 N. Collington Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-18-37

7. AGE	Years	Months	Days	If LESS than 1 day, 2 hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Hospitals

FATHER

13. NAME James Mullen

14. BIRTHPLACE (city or town) (State or country) Del.

MOTHER

15. MAIDEN NAME Eliz. Steward

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hosp't. Disposal 19

19. UNDERTAKER
(Address)

20. FILED
G 21 1937

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/17. 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1937, to Aug 17, 1937

I last saw h alive on Aug 17, 1937. Death is said to have occurred on the date stated above, at 9.03 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (2 mos.)	
Fetal Atelectasis	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Charles S. Gordon M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 38415

38415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Florence Ziegler

(a) Residence: No. 816 N. Bentalou St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 29, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

FATHER

13. NAME Clarence M. Ziegler

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Barbara N. Beck

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

17. INFORMANT Mother

(Address) 816 N. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 8/23 1937

19. UNDERTAKER Mary E. Gantt & Son

(Address) Lexington & Fulton Sts. Baltimore, Md.

Registrar.

AUG 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-20-1937

22. I HEREBY CERTIFY, That I attended deceased from 8-17- 1937 to 8-20- 1937

I last saw h.. alive on 8-20- 1937 Death is said to have occurred on the date stated above, at 6 25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Enteritis or Bronchopneumonia	8-10
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Lumbar puncture

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fred Waghelstein M. D.

(Address) Sydenham Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 38416

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38416

CERTIFICATE OF DEATH

X 139-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General St. 24-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. 1 mos. — ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elmer Morrissett

If U. S. Veteran specify WAR None.

(a) Residence: No. Greenland Beach Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Morrissett

6. DATE OF BIRTH (month, day, year) October 12, 1890.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	10	9 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Miller.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Culp.

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Mrs. Ethel Todd.

(Address) 1844 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date August 23 37

19. UNDERTAKER Charles J. Schwab

(Address) 505 N. Monroe St.

AUG 21 1937 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1937 to Aug 20, 1937

I last saw h.. alive on Aug 20, 1937 Death is said to have occurred on the date stated above, at 1:27 A m.

The principal cause of death and related causes of importance were as follows:

	Date obtained
Ruptured tuboovarian abscess	July 20/37
Peritonitis	(July 20/37)
Toxemia	Aug 20/37

Other contributory causes of importance:

Was an operation performed? yes Date of 7/20/37

For what disease or injury? Acute pelvic inflammatory disease

Name of operation Laparotomy & drainage

What test confirmed diagnosis? - Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Elton Resnick M. D.

(Address) S. B. Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

28117

HEALTH DEPARTMENT—CITY OF BALTIMORE

28117

CERTIFICATE OF DEATH

2-1-1 ✓92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital. Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ---mos.---dys. How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert C. Scott.

(a) Residence: No. 936 Burgundy St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) April 13, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel, Md.

FATHER

13. NAME James K. Scott.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Harriett Lehmon.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Ernest W. Scott. (brother)
(Address) 641 S. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Aug 23rd 1937

19. UNDERTAKER Robert Brookhart Sons
(Address) 11 E. Baltimore St.

20. FILED [illegible] Registrar

AUG 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Arterio sclerosis, Aortic insufficiency, Bronchitis. Emphysema. Recklinghauser's disease.

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm. L. Leonard, M. D.
Coroner

8/21 37 (Address) 1017 S. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

38418

330621

F 38418

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-E

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 7-5

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eileen Young

If U. S. Veteran specify WAR

(a) Residence: No. 523 E Third St., ... Ward. Frederick Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 1936

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	18		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Yound

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Josephine Rice

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Frederick Md Date 8/22/37

19. UNDERTAKER Frederick A Cole.

(Address) 1206 W Fayette St.

20. FILED AUG 22 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937 to Aug 21, 1937

I last saw her alive on Aug 21, 1937. Death is said to have occurred on the date stated above, at 3.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Teratoma of Buttocks	1936
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) James H. Howland, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

38419

HEALTH DEPARTMENT—CITY OF BALTIMORE

38419

CERTIFICATE OF DEATH

97-a

Registered No. 1872

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 117 S. Spring St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Miller

U. S. Veteran specify WAR

(a) Residence: No. 117 S. Spring St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. Miller

6. DATE OF BIRTH (month, day, year) 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph Berman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Miller

(Address) 3719 Reisterstown Road

18. BURIAL, CREMATION, OR REMOVAL

Date Aug 22 1937

19. UNDERTAKER Levinson & Bro.

(Address) 1124-26 W. Fayette St.

20. FILED Aug 22 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 20. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart disease	1934

Other contributory causes of importance

No history

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 22 1937

F 38420

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 944-3

1. PLACE OF DEATH — Pronounced dead at the
CITY OF BALTIMORE: (No.) South Baltimore General Hospital.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ---mos.---ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME — Charles C. Garnett. — U. S. Veteran, specify WAR

(a) Residence: No. 609 E. Randall St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) December 24, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Clerk, B.&.O.R.R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 3/20/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Troy, Va.

FATHER

13. NAME — John J. Garnett.

14. BIRTHPLACE (city or town) (State or country) — Virginia.

MOTHER

15. MAIDEN NAME — Willie Thacker.

16. BIRTHPLACE (city or town) (State or country) — Virginia.

17. INFORMANT — James B. Garnett. (brother)
(Address) 609 E. Randall St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Aug 23 1937

19. UNDERTAKER — Margaret S. Flynn
(Address)

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis.	
Occlusion of the Coronary Arteries.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M Reinhardt, M. D.
Coroner

8/21/37 (Address) 1017 S. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 22 1937

38421 E 38421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2000 Presstman St., 15-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Hulda Ashman

(a) Residence: No. 2000 Presstman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Moses Nathan

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Isaac

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Bernice

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Leo Ashman

(Address) Equitable Bldg

18. BURIAL, CREMATION, OR REMOVAL

Place Wash. Blvd. Date 8/22/37

19. UNDERTAKER Jack Sacks Inc.

(Address) 1439 E. Baltimore St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-22-37. 19

22. I HEREBY CERTIFY, That I attended deceased from July 1 1935 to Aug 21 1937

I last saw her alive on Aug 21 1937 Death is said to have occurred on the date stated above, at 10.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myelogenous Leukemia	1935
Other contributory causes of importance:	

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation none.

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harry Cohenman M. D.

(Address) 1921 W North Ave

OCCUPATION is very important. See instructions on back of certificate.

AUG 22 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38422

CERTIFICATE OF DEATH

38422

47-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1424 Riggs Ave St. 16-2 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 25 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Nathan Fishman

(a) Residence: No. 1424 Riggs Ave St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0057

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Meyer

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Jos Fishman
(Address) 1424 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem. Date 8/22 1937

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E. Balto St

20. FILED ... Huntington Hollow, Md.

AUG 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct- 1936 to Aug-21- 1937

I last saw h... alive on Aug. 21- 1937 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the lungs (bronchogenic)	about Oct- 1936

Other contributory causes of importance:

None

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X-rays - sputum Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify —

(Signed) Herman Heidel M. D.

(Address) 2404 Eutaw Pl

OCCUPATION is very important. See instructions on back of certificate.

F 38423

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38423

CERTIFICATE OF DEATH

175

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St. 1 8 1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edith Millman
If U. S. Veteran specify WAR .....

(a) Residence: No. 6400 N. Fremont Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Calman

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph B. Hymon

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Reva

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Husband
(Address) .....

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lindon Date 8/22/37.

19. UNDERTAKER Jack Levin Inc
(Address) 1439 E. Baltimore St.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-20-37. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said autopsy and that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance: .....

Was an operation performed? Yes Date of 8/17/37
For what disease or injury? Fractured Skull
Name of operation Craniotomy Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/17 19 37
Where did injury occur? 400 N. Fremont Ave. Balto.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Struck in head with
Nature of injury Candle Stick

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Schenker Coroner M. D.
(Address) 19 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 58—1937

38424 38424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 7 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Benjamin Baldwin

If U. S. Veteran specify WAR

(a) Residence: No. 304 - W. 29th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 30, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Marvin B. Baldwin

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Colburn

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Marvin B. Baldwin
(Address) 304 W. 29th St

18. BURIAL, CREMATION, OR REMOVAL
Slate Ridge Deltata Date Aug. 23 1937

19. UNDERTAKER Belanger & Son
(Address) 310 Eastwood Ave

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1937 to Aug. 21, 1937

I last saw h[illegible] alive on Aug. 21, 1937 Death is said to have occurred on the date stated above, at 11 29 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Purulent Otitis media	7/27/37
Parenteral diarrhea	7/24/37
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney Salmon M. D.

(Address) Union Memorial Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 22 1937

F 38425

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38425

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD.

CITY OF BALTIMORE: (No. ..... St., 12-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John R. Gardner

If U. S. Veteran specify WAR S.A.W.

(a) Residence: No. 2827 Huntingdon Ave., Balto. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Desenta Gardner

6. DATE OF BIRTH (month, day, year) Oct. 24, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ---

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --

10. Date deceased last worked at this occupation (month and year) --

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Fred Gardner

14. BIRTHPLACE (city or town) (State or country) ? Europe

MOTHER

15. MAIDEN NAME Lena Slisburger

16. BIRTHPLACE (city or town) (State or country) Slitz Germany

17. INFORMANT Records- U.S. Marine Hospital, (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place National [illegible] Date Aug. 23, 1937

19. UNDERTAKER [illegible] (Address) 3615 W Chestnut Ave.

20. FILED ..... 19 ..... Registrar

[illegible] Williams, M.D.

AUG 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 3, 1937 to August 20, 1937

I last saw him alive on August 20, 1937 Death is said to have occurred on the date stated above, at 9:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, interstitial, chronic	unknown
Cardiac disease, myocarditis, chr.	"
Hypertensive heart disease	"
Arteriosclerosis, general	"

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) T. H. [illegible] M. D.

(Address) U. S. Marine Hospital, Balto.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. LAST STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

38426 E 38426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 13-4 Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Fred Weinberg

(a) Residence: No. 2108 Bryant Ave St., ... Ward. City
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept 1 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Seligmann Weinberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Blumenfeld

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Thomas Weinberg
(Address) 2108 Bryant Ave

18. BURIAL, CREMATION, OR REMOVAL
Pikesville Cem. Co. Aug 23, 1937

19. UNDERTAKER J. Chas. Sons & Co.
(Address) 1422 Eastern Ave

..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1937, to Aug 21, 1937

I last saw h.. alive on Aug 21, 1937 Death is said to have occurred on the date stated above, at 12:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Aug 19 37
Other contributory causes of importance: Hypertension	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Jerome Hartz, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

AUG 22 1937

22 1937

38427 E 38427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH St Joseph Hospital 8-6 Registered No.

CITY OF BALTIMORE: (No. ... St. ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Elizabeth Evans If U. S. Veteran specify WAR ...

(a) Residence: No. 1820 E Oliver St. Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Frank A Evans

6. DATE OF BIRTH (month, day, year) Feby 25 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Kyser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary E Cunningham

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank A Evans (Address) 1820 E Oliver St

18. BURIAL, CREMATION, OR REMOVAL Date Aug 22nd 1937

Place Mt Olivet

19. UNDERTAKER Williams Bros Cook (Address) 214 St Paul Street

20. FILED AUG 22 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	8/19

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Aug 19 1937

Where did injury occur? Bedford nr Howard (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Highway

Manner of injury Fell off curb into path of truck

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

(Signature) John Bentley Ruth Coroner M. D.

(Address) 918 N Howard

UG 22 1937

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38428

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38428

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 20-5 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR The Record

2. FULL NAME Robert E. Shannon

(a) Residence: No. 2237 Ramsey St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) About 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Window Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Queen City Window Cleaning Co

10. Date deceased last worked at this occupation (month and year) 8/20/37

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Jessie Ryle

(Address) 2237 Ramsey St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Aug 23 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED 19 Registrar

AUG 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Spine	Aug 20, 37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 20, 1937

Where did injury occur? Baltimore, Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Fell 60 feet when swing broke

Nature of injury Crushing

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Fell while Cleaning window

(Signed) Samuel Ryle Coroner M. D.

(Address) 1331 E. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

✓ F 38429

F 38429 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

H6-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 Cookson St., 24-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine S. Hackman

(a) Residence: No. 1416 Cookson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Hackman

6. DATE OF BIRTH (month, day, year) Feb 2 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME John Stonefeld

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT John Hackman
(Address) 1416 Cookson St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross A.A. Co. Date Aug. 24. 1937

19. UNDERTAKER Thos. L. N. Teackes
(Address) 1501 E. Fort Ave.

FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 14, 1937 to Aug 21, 1937

I last saw h.. alive on Aug 20, 1937 Death is said to have occurred on the date stated above, at 2:10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2d
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos F A Stevens, M. D.

(Address) 2878 Hanford Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

38430 E 38430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1304 N. 41 st. St. 13-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James A. Parker

If U. S. Veteran specify WAR

(a) Residence: No. 1304 N. 41 st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Ida F. Parker

6. DATE OF BIRTH (month, day, year) Feb. 14-1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. 0073

10. Date deceased last worked at this occupation (month and year) Retired 8 yrs. (Total time (years) spent in this occupation)

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland

FATHER

13. NAME James A. Parker

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ruth Royston

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Ida F. Parker

(Address) 1304 N. 41st St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Aug. 23. 37

19. UNDERTAKER Horace F. Burgel

(Address) 3631 Falls Road

20. FILED AUG 22 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 20. 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 13, 1937, to Aug. 20, 1937

I last saw h[illegible] alive on Aug 19, 1937 Death is said to have occurred on the date stated above, at 8 40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	2
Other contributory causes of importance: Myocardial Insufficiency	1 week

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Maurice C. Pinsford M. D.

(Address) 1900 W. Royal Ter.

OCCUPATION is very important. See instructions on back of certificate.

F 38431 HEALTH DEPARTMENT—CITY OF BALTIMORE F 38431

CERTIFICATE OF DEATH

117-B

1. PLACE OF DEATH South Baltimore General Hospital — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 24-3 Ward)

Length of residence in city or town where death occurred 77 yrs. 6 mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George W. Brandt — If U. S. Veteran specify WAR .....

(a) Residence: No. 1019 Compton St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Annie Brandt.

6. DATE OF BIRTH (month, day, year) Feb. 17/60

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Lewis A. Brandt.

14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME Margaret Brandt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Lewis Brandt.
(Address) 2532 Ellerslie Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date 8/23, 1937

19. UNDERTAKER L. F. McGuilly
(Address) 130 E. First St.

20. FILED AUG 22 1937 Registrar Elston Williams

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1937, to August 20, 1937

I last saw him alive on August 20, 1937. Death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured duodenal ulcer peritonitis	August 20, 1937

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, ...

(Signed) Dr Elston Williams, M. D.
(Address) South Baltimore General Hospital

G 22 1937

F 38432

38432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2230 Garrison Blvd St. 15-8 (Ward)

Length of residence in city or town where death occurred 58 yrs. 9 mos. 3 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Helen T. Dockman.

(a) Residence: No. 2230 Garrison Blvd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis A Dockman

6. DATE OF BIRTH (month, day, year) Nov. 17th 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William A. Keagle

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mabel H Meek

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Louis A. Dockman.

(Address) 2230 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 8-23rd 1937

19. UNDERTAKER Bernard C. Harle

(Address) 121 E. West St

20. FILED AUG 22 1937 Huntington Matthews Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 20th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 4/37 19.... to Aug 20-37 19....

I last saw h.. alive on Aug 20 1937 Death is said to have occurred on the date stated above, at 8.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strepto coccus Viridans blood stream infection	Jan 4/37
myocarditis - about 6 mo duration	
Other contributory causes of importance:	
Syphilis - about 2 mo duration	

Was an operation performed? NO Date of .....

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Laboratory Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter D Hubbard M. D.

(Address) 2220 Garrison Blvd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state or city of residence is very important. See instructions on back of certificate. OCCUPATION is very important.

G 22 1937

F 38433 HEALTH DEPARTMENT—CITY OF BALTIMORE F 38433

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18-3 Ward) 13-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marvin Stevens Marvin B. Stevens Jr.

(a) Residence: No. 33 Carlton St., ... Ward. .....
(Usual place of abode) (If not in city or town give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July, 2nd 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Marvin Stevens

14. BIRTHPLACE (city or town) Frederick Co. Md.
(State or country)

MOTHER

15. MAIDEN NAME Mabel Hamilton

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT Marvin B. Stevens
(Address) 33 Carlton St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Johns Cem Ellicott City Md. Aug. 22 1937

19. UNDERTAKER Joseph Cook
(Address) 1005 W. Baltimore St.

20. FILED Aug 27 1937 Huntington Nottingham

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-21-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-12-37, 19, to 8-21-37, 19

I last saw him alive on 8-21-37, 19. Death is said to have occurred on the date stated above, at 8.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery (Flexner Y)	8-9-37
Other contributory causes of importance: Hemolytic jaundice	8-19-37

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John A. Myers M. D.

(Address) University Hospital.

OCCUPATION is very important. See instructions on back of certificate.

F 38434

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38434

CERTIFICATE OF DEATH

10-45 11

131 38434

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 E. 25th St. 9-8 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Gallagher Wiedefeld

If U. S. Veteran specify WAR

(a) Residence: No. 521 E 25th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward A. Wiedefeld

6. DATE OF BIRTH (month, day, year) 1861

7. AGE: Years 76 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lower Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James L Gallagher

14. BIRTHPLACE (city or town) (State or country) Phil-Pa

MOTHER

15. MAIDEN NAME Mary L Stevens

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Cornia Gallagher

(Address) 521 E 25th St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date Aug 23 1937

19. UNDERTAKER Mary M Wiedefeld

(Address) 501 E 22nd St

20. FILED Huntington Williams, Registrar

AUG 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-19-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-26-1926 to 8-19-1937

I last saw her alive on 8-18-1937 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic cardio-vascular-renal disease	Uncertain

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. B. Sybert M. D.

(Address) 2802 Harford Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38435

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38435

CERTIFICATE OF DEATH

Registered No. 191

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 McKean St. 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lewis Hake

(a) Residence: No. 1706 McKean Av St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 24 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bldg.

10. Date deceased last worked at this occupation (month and year) Aug. 1936

11. Total time (years) spent in this occupation 1 yr.

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Louis Hake

14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Ger

17. INFORMANT (Address) Mrs Annie Pagna 1706 McKean Av

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 8/23 1937

19. UNDERTAKER (Address) Richard F. Ryder & Son 700 E. North Ave

Filed 8 22 1937 19 [illegible] Registrar, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20. 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20. 1937 to Aug 20 1937

I last saw him alive on Aug. 20 1937 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Prostration	8/19/37

Other contributory causes of importance: Weak heart. Arterio-sclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. A. Smith M. D.

(Address) 1605 W. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 22 1931

F 38436

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38436

CERTIFICATE OF DEATH

121

Registered No. .....

1. PLACE OF DEATH South Baltimore General Hospital

CITY OF BALTIMORE: (No. ..... St., 26-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Mary A. Gillespie

(a) Residence: No. 715 S. East ave, St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John Gillespie

6. DATE OF BIRTH (month, day, year) Jan 7-1867

7. AGE — Years 70 | Months 7 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Michael Mannion

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget ?

16. BIRTHPLACE (city or town) (State or country) Ire

17. INFORMANT (Address) James F. Thompson 1518 E. Lafayette ave

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 8/23 1937

19. UNDERTAKER (Address) John J. Logan 3002 E. Baltimore

20. FILED AUG 22 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1937, to August 19, 1937

I last saw her alive on August 19, 1937. Death is said to have occurred on the date stated above, at 3:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	
Peritonitis	
Other contributory causes of importance:	

Was an operation performed? Yes Date of August 16, 1937

For what disease or injury? Ruptured appendix

Name of operation Appendectomy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Dr. Frank Mannion M. D.

(Address) South Baltimore Gen Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 38437

F 38437 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home · Infirmary — 16-1013 — Registered No.

CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Nellie C. Adams

(a) Residence: No. 300 S Clinton St St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Adams

6. DATE OF BIRTH (month, day, year): Sept 2, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Gustus Backus

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Ferdinand Adams (Address) 305 S. Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL: Place Oakland Date Aug 22, 37

19. UNDERTAKER: John A. Troyer (Address) 300 E. Baltimore St

20. FILED ..., 19... (Registrar) Ft. Eaton Williams, MD

G 22 1537

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1937, to Aug 19, 1937

I last saw her alive on Aug 19, 1937. Death is said to have occurred on the date stated above, at 11 45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyp. cardio-vascular dis	yrs.
	over
Other contributory causes of importance: Anaemia	8/11/37

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy, Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wesley J. Ketz. M. D.

(Address) Church Home & Inf.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38438 HEALTH DEPARTMENT—CITY OF BALTIMORE F 38438

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2535 Brookfield Ave) (Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Abraham Laynes

(a) Residence: No. 2535 Brookfield St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fannie

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mgr Clothing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1936

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Edgar

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Louis Laynes (Address) 2535 Brookfield Ave

18. BURIAL, CREMATION, OR REMOVAL Place Pikesville Date 8/22/37

19. UNDERTAKER (Address) Jas. D. Lazenby Jr. 1437 E. Baltimore St

20. FILED AUG 22 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-20-37 19

22. I HEREBY CERTIFY, That I attended deceased from 8-18 19 37 to 8-20 19 37

I last saw h... alive on 8-20 19 37 Death is said to have occurred on the date stated above, at 4.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	
Acute cardiac Failure	

Other contributory causes of importance:

Acute Coronary Hypertension

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Bernard Cohen M. D.

(Address) Marlborough St

STATE CAUSE OF DEATH in plain terms so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 38439 STATE OF MARYLAND—CERTIFICATE OF DEATH F 38439

1. PLACE OF DEATH

County 3815 Granada Registration Dist. No. 92-C

Village or City Baltimore No. 1510 St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 83 mos. 23 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Hoyt

(a) Residence: No. 3815 Granada St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen S Kennard Hoyt

6. DATE OF BIRTH (month, day, and year) July 27 - 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Weigher in Elevator

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Penn R.R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Stacy Hoyt

14. BIRTHPLACE (city or town) Lancaster (State or country) Penn.

MOTHER

15. MAIDEN NAME Hester Ann Laughlin

16. BIRTHPLACE (city or town) Lancaster (State or country) Penn.

17. INFORMANT Myrtle I Hoyt (Address) 3815 Elliott Parkway.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Date Aug 23, 1937

19. UNDERTAKER Charles P Towell (Address) 2427 Edmondson Ave

20. FILED , 19 Registrar

AUG 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 20th (Day), 1937 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1937, to August 20, 1937

I last saw h, alive on August 20, 1937; death is said to have occurred on the date stated above, at 7:15 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows

	Date of onset
Chronic myocarditis	
Coronary Thrombosis	8/14/37

Other Contributary Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wm H Bernard M. D.

(Address) 1531 North Ave

TION is very important. See instructions on back of certificate.

Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

F 38440 HEALTH DEPARTMENT—CITY OF BALTIMORE F 38440

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dallie Lewis

(a) Residence: No. Forest Hill Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tony Lewis

6. DATE OF BIRTH (month, day, year) Feb. 2, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hillsborough N. Carolina

FATHER

13. NAME Anthony McCoy

14. BIRTHPLACE (city or town) (State or country) N. Ca.

MOTHER

15. MAIDEN NAME Lotuse McCoy

16. BIRTHPLACE (city or town) (State or country) N. Ca.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Aug 24. 1937

19. UNDERTAKER G. E. Kirby & Son

(Address) Forest Hill Md.

20. FILED AUG 23 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 22. 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 13. 1937, to Aug 22 1937

I last saw her alive on Aug 22 1937. Death is said to have occurred on the date stated above, at 7 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Cholecystitis, Chronic~~	
Pneumonia, bronchs.	8-18-37

Other contributory causes of importance:

Was an operation performed? Yes Date of 8-16-37

For what disease or injury? Cholecystitis Chronic.

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard S. Lyons, M. D.

(Address) University Hospital.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.P.S.—400 Pks.

F 38441

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38441

CERTIFICATE OF DEATH.

92-W

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 602 Wildwood Parkway Ward) 16-8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucy Ecnith Russell

(a) Residence No. Rock Hall, Md. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced (write the word): Widowed

5a-If married, widowed, or divorced HUSBAND of ~~or WIFE~~ late Charles E. Russell

6-DATE OF BIRTH (month, day and year) Jan 29, 1886

7-AGE 51 yrs. 6 mos. 21 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Chestertown, Md.

PARENTS

10-NAME OF FATHER: Henry Thompson

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Kent Co Md.

12-MAIDEN NAME OF MOTHER: Debora V. Parsons

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Maryland

11- (Informant): Merritt Thompson

(Address): Rock Hall, Md.

15- Filed: AUG 23 1937 Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Aug 21, 1937

17- I HEREBY CERTIFY, That I attended deceased from Aug 17, 1937 to Aug 21, 1937

that I last saw her alive on Aug 20, 1937

and that death occurred, on the date stated above, at 2:10 A.m.

The CAUSE OF DEATH* was as follows:

Septicemia

(Duration) yrs. 1 mos. ds

CONTRIBUTORY (Secondary) Endocarditis, (Streptococcus viridans)

(Duration) yrs. 3 mos. ds

18-Where was disease contracted if not at place of death? Rock Hall, Md.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual signs

(Signed) Geo. E. Wells M. D.

19 (Address) 4100 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rock Hall, Md	Aug 23, 1937
20-UNDERTAKER	ADDRESS
Harry J. Nitzke	4101 Edmondson Ave

In plain terms, so that it may be of proper use, please follow instructions on back of certificate.

38442 329686 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38442

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 7-5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Cameron

If U. S. Veteran specify WAR

(a) Residence: No. 104 Roxbury ave St., Ward. Shippensburg Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11-16-36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME James Cameron

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Eva Printy

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Shippensburg Date 8-23-37

19. UNDERTAKER H. G. Irvin Van Fleet
(Address) Shippensburg. Pa.

AUG 23 1937 Washington, D.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1937 to Aug 22, 1937

I last saw him alive on Aug 22, 1937 Death is said to have occurred on the date stated above, at 1.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Principal Cause Unknown	8/15/37
Other contributory causes of importance:	
Otitis Media + Mastoiditis	6/27/37
Hare lip + Cleft Palate Anemia	

Was an operation performed? yes Date of 7/15/37

For what disease or injury? Mastoiditis, Chronic Bilateral

Name of operation Bilateral Mastoidectomy

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James H. Haviland M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

F 38443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a F 38443

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq. Hosp. ST., 15-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary J. Kuser

(a) RESIDENCE NO. 2223 Poplar Grove ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Kuser

6 DATE OF BIRTH (month, day, and year): Oct. 1858

7 AGE: Years 78 | Months unknown | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Haverstraw New York

PARENTS

10 NAME OF FATHER: Samuel McCauley

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York

12 MAIDEN NAME OF MOTHER: Ellen Van Black

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New York

14 Informant: Mrs S. Stanley Tracey (Address) 2223 Poplar Grove St.

15 Filed AUG 23 1937 Huntington W. Trade, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 20, 1937

17 I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1937, to Aug. 20, 1937, that I last saw her alive on Aug. 20, 1937 and that death occurred, on the date stated above, at 9:25 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Bronchio-pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? none

(Signed) [illegible], M. D.

, 19 (Address) 3811 Reed St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: Aug. 23, 1937

20 UNDERTAKER: E. Leroy Stuffler, Inc. — ADDRESS: 1258 North Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38444

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38444

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3907 Liberty Hghts Ave 15-10 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine E. Hartman

If U.S. Veteran specify WAR No Record

(a) Residence: No. 3907 Liberty Hghts Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married,~~ Widowed, or ~~Divorced~~ (write the word)
~~Female~~	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of Augustus Hartman

6. DATE OF BIRTH (month, day, year) April 18th 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER

13. NAME Jacob Shertzer

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Mary Trego

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT (Address) Herbert M. Hartman 1500 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Aug 23rd 1937

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

FILED AUG 23 1937 Huntington Latrobe, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21st 1937

22. I HEREBY ~~CERTIFY~~, That I attended deceased from Aug 1st 1937 to Aug 21st 1937

I last saw her alive on Aug 21st 1937 Death is said to have occurred on the date stated above, at 7:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic	
Cardio Vascular	
disease	about
Senility	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos Young M. D.

(Address) 3546 W Franklin

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38445

F 38445 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 W Lafayette St. 19-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Warren Reynolds

(a) Residence: No. 1625 W Lafayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 24-1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S C

FATHER

13. NAME Willis Reynolds

14. BIRTHPLACE (city or town) (State or country) S C

MOTHER

15. MAIDEN NAME Adelaide Williams

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Young Lease (Address) 1623 Presstman St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Aug 23 1937

19. UNDERTAKER Geo. A. McCabe (Address) 2 E Lanvale

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 1937

22. I HEREBY CERTIFY, That I last charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pulmonary Congestion
Heart Exhaustion

Date of onset Aug 20 1937

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Virgil Adkins, M. D.

(Address) 587 Augusta St

AUG 23 1937

Registrar

Instructions: Fill in all items. Use ink. Print plainly. Use terms of standard nomenclature. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 38446

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38446

CERTIFICATE OF DEATH

V 69

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital) - 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rosalie Friedman

If U. S. Veteran specify WAR .....

(a) Residence: No. 900 N Broadway St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mar 25 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Ben Friedman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Eszler

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn Mill Rd Date 19

19. UNDERTAKER Jones Louis Inc.

(Address) 1439 E Balto St.

20. FILED ..... 19 ..... Registrar

UG 23 1937 Washington Nat'l Tower, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/22/37 19

22. I HEREBY CERTIFY, That I attended deceased from 8-12-37 19 ..... to 8-22-37 19 .....

I last saw her alive on 8-22-37 19 ..... Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cyclic vomiting ?	
	Unk

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Hypoglycemia Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alfred Schwartz, M. D.

(Address) .....

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38447

F 38447 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 129

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital 27-11 St., Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Elizabeth Breckenridge Field

If U.S. Veteran specify WAR .....

(a) Residence: No. 4411 Bedford Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. R. Mason Field

6. DATE OF BIRTH (month, day, year) Sept 2 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69 years	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Louis, Mo

FATHER

13. NAME Samuel Breckenridge

14. BIRTHPLACE (city or town) (State or country) Lexington Ky

MOTHER

15. MAIDEN NAME Virginia Castleman

16. BIRTHPLACE (city or town) (State or country) Not known Ky.

17. INFORMANT Eben J. D. Cross

(Address) Hopkinson, md

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Lowden Park Date Aug 23 1937

19. UNDERTAKER Jenkins & Henry No 3 Simon Sq.

(Address) McCulloh & Orchard Sts Lexington Watchman, Ky

AUG 23 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1937 to Aug 21 1937

I last saw h[illegible] alive on Aug 21 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Peritonitis — cause unknown — Date of onset Aug 16 1937

Other contributory causes of importance:

age

Was an operation performed? yes Date of Aug 17, 37

For what disease or injury? acute abdominal condition

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jerome A. Burton M.D.

(Address) 333 Chaplain Rd.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 23 1937

F 38448 HEALTH DEPARTMENT—CITY OF BALTIMORE F 38448

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH 943 N. Patterson Park Ave

CITY OF BALTIMORE: (No. ..... St., 7-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Summers

If U. S. Veteran specify WAR .....

(a) Residence: No. 943 N. Patterson Pk Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of New Born

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John W. Summers

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Anna C. Hajek

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Anna C. Summers. (Address) 943 N. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL Place Private Lot Date Aug 20, 1937

19. UNDERTAKER Buried by father (Address) Mr. J. W. Summers

20. FILED AUG 23 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1937 to Aug 19, 1937

I last saw her alive on Aug 19, 1937 Death is said to have occurred on the date stated above, at 11.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity - Born on arrival	Aug 19, 1937
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Louis F. Klimes M. D.

(Address) 2623 E. Fayette St Balto Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

F 38449

F 38449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2708 Auchentorly St., Ter. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie L. Jennings

(a) RESIDENCE NO. 2708 Auchentorly Ter. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George F. Jennings

6 DATE OF BIRTH (month, day, and year) June 5 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER John L. Hammond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Susan Gill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Mae Off

(Address) 708 Auchentorly Ter

15 Filed AUG 23 1937 E. Lester Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 20, 1937

17 I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1937, to Aug. 20, 1937, that I last saw h~~e~~ alive on Aug. 17, 1937 and that death occurred, on the date stated above, at 10:15 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis. Senility

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) H. Walter Bourne M.D. M. D.

, 19 (Address) 3603 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Pleasant	Aug 23 1937

20 UNDERTAKER Franklin W Seitz ADDRESS 1416 W Baltimore St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

F 38450

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38450

CERTIFICATE OF DEATH

✓ 121

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3720 Fernwood Rd ST., 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Louisa Christopher

(a) RESIDENCE NO. 3720 Fernwood Rd ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm Christopher

6 DATE OF BIRTH (month, day, and year) Apr 6 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	4	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Wm Bond

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Emma Bond

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country) Pa.

14 Informant Robert L Christopher

(Address) 3720 Fernwood Rd

15 Filed AUG 23 1937 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21 1937

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 19..., to Aug 21, 19 37,

that I last saw h alive on Aug 20, 19 37

and that death occurred, on the date stated above, at 4 P M.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Huntington Williams, M. D.

Aug 23, 19 37 (Address) 1315 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem.	Aug 23 1937
20 UNDERTAKER (Wm Tucker's Son)	ADDRESS Fayette & Penna Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

38451

HEALTH DEPARTMENT—CITY OF BALTIMORE

38451

CERTIFICATE OF DEATH

51-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St., 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 9 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline August Will

If U. S. Veteran specify WAR

(a) Residence: No. 29 of Cresmont Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced: HUSBAND of ~~XXXXXX~~ Adelaide M. Will

6. DATE OF BIRTH (month, day, year) Nov 16th 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug Business

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME August Will

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret ~~XXXX~~ Vogts

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Miss Helen C. Will

(Address) 2904 Cresmont Ave.,

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Holy Redeemer Cem Date Aug 25th 1937

19. UNDERTAKER Wm J Pickper & Sons

(Address) 1 Pa Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-22 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-11 1937 to 8-22 1937

I last saw h/ alive on 8-22 1937. Death is said to have occurred on the date stated above, at 11 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder c rupture of Bladder & peritonitis	?
	over

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Elliot Nudelson M. D.

(Address) Sinai Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 23 1937 Huntington Williams, Md

Baues.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38452

CERTIFICATE OF DEATH ✓ 92-a

F 38452

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 2004 Bank St., 2-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Maggie Baner

(a) Residence: No. 2004 Bank St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Henry Baner

6. DATE OF BIRTH (month, day, year) Jan. 17-1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fruit Packing

10. Date deceased last worked at this occupation (month & year) Aug. 18-1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Bigbeeman

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Anna Sheffleis

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Francis Fahnestock

(Address) 172 S. Chapel St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Nathan Cem. Date Aug 23 1937

19. UNDERTAKER John M. Weber

(Address) 401 S. Charles St

AUG 23 1937 19 ... Registrar

V 56

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	1932

Other contributory causes of importance:

No history

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. W. Wood Coroner M. D.

(Address) 1712 N. Broadway

Information should be carefully supplied. All blanks must be filled. EXACT DIAGNOSIS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38453

CERTIFICATE OF DEATH

F 38453

Registered No. 1872

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 122 S. Wolfe St. 2-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Justin Stasz

(a) Residence: No. 122 S. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Josephine Staszkiewicz

6. DATE OF BIRTH (month, day, year) Dec. 23-1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Repairer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railway

10. Date deceased last worked at this occupation (month and year) Aug. 7 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph Staszkiewicz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Josephine Stasz

(Address) 122 S. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Aug 24 1937

19. UNDERTAKER John M. Weber

(Address) 401 S. Chester St

20. FILED AUG 23 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	Jan 1 1937

Other contributory causes of importance: No history

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood Coroner M. D.

(Address) 1712 N. Broadway

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 126-S

F 38454

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38454

CERTIFICATE OF DEATH

✓ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 Orleans St., 6-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Raymond Smith

(a) Residence: No. 1814 Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 19, 1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Archie Smith

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Bertha Edwards

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Bertha Smith

(Address) 1814 Orleans St

18. BURIAL, CREMATION, OR REMOVAL

Place Marleyneck Md Date Aug 23, 1937

19. UNDERTAKER Robt F Williams

(Address) 515 N McElderry St

20. FILED ..., 19... [illegible] Registrar.

AUG 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1936 to Aug 20, 1937.

I last saw him alive on Aug 20, 1937. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T. B.	1936

Other contributory causes of importance:

General Debility

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Calvin B Le Compte M. D.

(Address) 1113 N Caroline St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38455 HEALTH DEPARTMENT—CITY OF BALTIMORE B 38455

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2441 Etting St. 13-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Matilda Butler

If U. S. Veteran specify WAR .....

(a) Residence: No. 2441 Etting St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widow of Jeremiah Butler

6. DATE OF BIRTH (month, day, year) ~~1875~~ 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~62~~ 74				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Co., Md.

FATHER

13. NAME Richard Skinner

14. BIRTHPLACE (city or town) (State or country) Charles Co., Md.

MOTHER

15. MAIDEN NAME Emma Johnson

16. BIRTHPLACE (city or town) (State or country) Charles Co., Md.

17. INFORMANT Lota Bagwell Granddaughter

(Address) 2441 Etting St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Aug 24 1937

19. UNDERTAKER V. A. Brooks

(Address) 1463 N. Carey

Livingston Williams, Jr.

20. FILED AUG 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1937 to Aug. 20, 1937

I last saw her alive on Aug. 20, 1937. Death is said to have occurred on the date stated above, at 5:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Broncho-pneumonia	8-19-37

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. R. Campbell, M. D.

(Address) 718 Dolphin St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38456 F 38456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V131

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 4016 Kirkland Ave E 2 St., Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harriet Lyons — If U. S. Veteran specify WAR

(a) Residence: No. 4016 Kirkland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married.

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Edward R Lyons.

6. DATE OF BIRTH (month, day, year) April 10-1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Circleville Ohio

FATHER

13. NAME James O. Hite

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Ann Taylor

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Mrs Elizabeth Lyons (Address) 4016 Kirkland Ave

18. BURIAL, CREMATION, OR REMOVAL — Place Druid Ridge Date Aug 24 37

19. UNDERTAKER Kirban Bros (Address) 2224 N Charles St.

19 Registrar

Lexington Holland, MD

AUG 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22nd, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12 1937 to Aug. 22 1937

I last saw her alive on Aug. 22 1937 Death is said to have occurred on the date stated above, at 8:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Chronic Nephritis	
Senility	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Wm. Prigerhoff M. D.

(Address) Temple Forest Apts.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38457

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38457

CERTIFICATE OF DEATH

XV 95-B

1. PLACE OF DEATH U. S. MARINEHOSPITAL, BALTIMORE, MARYLAND.

CITY OF BALTIMORE: (No. 17-6 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frans G. Wiesselblad

(a) Residence: No. 1546 - 34th St., Washington, D. C. St., Ward. Washington, D.C.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alma Keelstad Wiesselblad

6. DATE OF BIRTH (month, day, year): March 4, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laboratory

10. Date deceased last worked at this occupation (month and year): 8-21-37

11. Total time (years) spent in this occupation: unknown

12. BIRTHPLACE (city or town) (State or country): Stone, Sweden

FATHER

13. NAME: ? Wiesselblad

14. BIRTHPLACE (city or town) (State or country): ? Sweden

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): unknown unknown

17. INFORMANT: Records- U.S. Marine Hospital

(Address): Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL: Nineveh Stone Co. Va. Date Aug. 23 1937

19. UNDERTAKER: Chenoweth & Son.

(Address) 3615 Chestnut Ave.

20. FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 14, 1937 to August 21, 1937

I last saw him alive on August 21, 1937 Death is said to have occurred on the date stated above, at 11:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	unknown
Arteriosclerosis, general	"

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, [illegible]

(Signed) R E Laurence M. D.

(Address) U.S. Marine Hospital, Balto. Md.

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

AUG 23 1937 Huntington Williams, M.D.

F 38458

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38458

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 54 yrs. 0 mos. 0 ds.

2. FULL NAME Willie Chin

If U. S. Veteran specify WAR NONE

(a) Residence: No. 322 Park ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	yellow	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) About - 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Accidental Restaurant

10. Date deceased last worked at this occupation (month and year) About June 1

11. Total time (years) spent in this occupation Several

12. BIRTHPLACE (city or town) (State or country) U. S. A.

FATHER

13. NAME Chin Sing Lee

14. BIRTHPLACE (city or town) (State or country) China

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) China

17. INFORMANT Chin Sing (Friend)

(Address) 312 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Aug 23 / 37

19. UNDERTAKER Stewart & Company

(Address) 1518 Pennsylvania Ave.

20. FILED AUG 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1937, 1937 to Aug 20, 1937

I last saw him alive on Aug 20, 1937 Death is said to have occurred on the date stated above, at 3.20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1 Day
Chron. Barbital Intoxication	June 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Raymond J. Lepen M. D.

(Address) Mercy Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UG 23 1937

F 38459

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38459

CERTIFICATE OF DEATH

X ✓ 116

1. PLACE OF DEATH Maryland General Hosp. 3

CITY OF BALTIMORE: (No. ..... St., 11 Ward)

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. George E. Sillik

If U. S. Veteran specify WAR None

(a) Residence: No. Towson, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. G. Sillik

6. DATE OF BIRTH (month, day, year) April-21-1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bigfenville Pa.

FATHER

13. NAME Amos. Sillik

14. BIRTHPLACE (city or town) (State or country) Bigfenville Pa

MOTHER

15. MAIDEN NAME Mary Foh

16. BIRTHPLACE (city or town) (State or country) Bigfenville Pa

17. INFORMANT Mrs. Emma A. Sillik
(Address) Towson, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Prospect Hill, Towson Date August 20 37

19. UNDERTAKER Stewart & Mowen Company
(Address) 108-W-North Avenue

20. FILED AUG 23 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/22/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 6-26-37 . 19 ..... to 8-22-37 . 19 .....

I last saw him alive on 8/22/37 . 19 ..... Death is said to have occurred on the date stated above, at 2.50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Cardiospasm	
(2) Inanition	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 8-18-37

For what disease or injury? Strangulated Obstruction

Name of operation Gastrostomy

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) J. Tillman M. D.

(Address) Maryland Gen'l Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Stipa

F 38460

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38460

72-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 2 7 4 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Natalie Stipa

If U. S. Veteran specify WAR.....

(a) Residence: No. 3602 Bayonne Ave St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) December 25, 1928

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	8	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. primary school

10. Date deceased last worked at this occupation (month and year) ~~July~~ June 1937

11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Guerrinio Stipa

14. BIRTHPLACE (city or town) Italy (State or country)

MOTHER

15. MAIDEN NAME Natalie Mazzagh

16. BIRTHPLACE (city or town) Italy (State or country)

17. INFORMANT Guerrinio Stipa

(Address) 3602 Bayonne Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Aug 24, 1937

19. UNDERTAKER Leonard J. Ruck

(Address) 5205 Harford Rd

20. FILED ..... 19.....

AUG 23 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1937 to Aug 20, 1937

I last saw him alive on Aug. 20, 1937. Death is said to have occurred on the date stated above, at 9 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute lymphatic leukemia	July 1937
multiple hemorrhagic phenomena	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Blood picture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .....Date of injury....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) Sidney R. Gibbes, M. D.

(Address) Mercy Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 38461

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38461

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7-5 Ward)

Registered No. 210-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary M. Koffenberger

(a) Residence: No. Perry Hall, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Koffenberger

6. DATE OF BIRTH (month, day, year) June 30, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Philip J. Dannenfelser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Nily

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Dannenfelser,
(Address) Perry Hall, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Aug. 25, 1937

19. UNDERTAKER Frederick Lovell Sons
(Address) 7401 Belair Road

20. FILED ... 19 ... Registrar.

UG 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 21st, 1937

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/21, 1937

Where did injury occur? White Marsh, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Struck by auto while crossing street

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No, specify

(Signed) Helen Bentley Ayres M. D.
Coroner

(Address) 902 N. Charles St.

Information should be carefully supplied. Any inaccuracy may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 38462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 38462

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospt. St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 8 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Albert P. Mc. Neal

(a) Residence: No. 1174 Cleveland St., St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna M. Mc. Neal

6. DATE OF BIRTH (month, day, year) 12/4/1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Fruit Warehouse

10. Date deceased last worked at this occupation (month and year): 20

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore. Md.

FATHER

13. NAME: John O. Mc. Neal

14. BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

MOTHER

15. MAIDEN NAME: Mollie Cox.

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): Mrs, Anna M. Mc. Neal 1174 Cleveland St.

18. BURIAL, CREMATION, OR REMOVAL Place: Mt. Olivet Cem Date: 8/24/1937

19. UNDERTAKER (Address): John J. Cowan & Son 901 Hollins St.

20. FILED: AUG 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/21/1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, ...

(Signed) ... Coroner, M. D.

(Address) ...

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38463

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38463

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4907 Roland Ave. St. 27-14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ferdinand A. Ulrich

If U.S Veteran specify WAR ...

(a) Residence: No. 4907 Roland Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie A. Ulrich

6. DATE OF BIRTH (month, day, year) September 9, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) January 1912

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Ulrich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bauers

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. George H. Strott

(Address) 4907 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Aug. 23 37

19. UNDERTAKER Robert M. Cook

(Address) 1093 N. Baltimore St.

20. FILED AUG 23 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug — 1935 to Aug 20 1937

I last saw him alive on Aug 20 1937. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis -	?
Arteriosclerosis -	?
Other contributory causes of importance:	
Chronic Nephritis	?

Was an operation performed? None Date of —

For what disease or injury? None

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Norbert C. Fritsch, M. D.

(Address) 2151 Wilkens Ave.

Dr. A. Townsend.

Information should be entered by carefully supplied. Any should be stated. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 38464

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38464

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St. 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME BABY BOY HUDSON

(a) Residence: No. 1315 ARGYLE AVE St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	BLACK	SINGLE

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Newborn

6. DATE OF BIRTH (month, day, year) AUGUST 20, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, 1 hrs. 6 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

FATHER

13. NAME JAMES HUDSON

14. BIRTHPLACE (city or town) (State or country) RICHMOND VA

MOTHER

15. MAIDEN NAME DELZORA HUDSON

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

17. INFORMANT DELZORA HUDSON
(Address) 1315 ARGYLE AVE

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date AUG 23 1937 19
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address) Huntington Pallbearers Inc
Signature

AUG 23 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/20/1937

22. I HEREBY CERTIFY, That I attended deceased from AUGUST 20 1937 to AUGUST 20 19.....

I last saw h/m alive on AUGUST 20 1937 Death is said to have occurred on the date stated above, at 5.27 P. m.

The principal cause of death and related causes of importance were as follows:

PREMATURITY — Date of onset .....

Other contributory causes of importance:

Name of operation NONE Date of .....

What test confirmed diagnosis? CLIN. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Edwards M. D.

(Address) Univ. Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. Abbreviations should not be used. If DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 38465

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38465

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St., 17-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Hudson

(a) Residence: No. 1312 ORAGLE AVE St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	BLACK	SINGLE

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Newborn

6. DATE OF BIRTH (month, day, year) AUGUST 20, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. 37 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

FATHER

13. NAME JAMES HUDSON

14. BIRTHPLACE (city or town) (State or country) RICHMOND VA.

MOTHER

15. MAIDEN NAME DELZORA BOSTON

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MD

17. INFORMANT (Address) DELZORA Hudson 1312 Oragle Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date AUG 23 1937

19. UNDERTAKER (Address) Commissioner of Health

For H. E. Moore

Registrar.

AUG 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/20 . 1937

22. I HEREBY CERTIFY, That I attended deceased from AUGUST 20 . 1937 to AUGUST 20 . 1937

I last saw her alive on AUGUST 20 . 1937 Death is said to have occurred on the date stated above, at 5:29 P. m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset

Other contributory causes of importance:

Name of operation NONE Date of ...

What test confirmed diagnosis? CLINICAL Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) H. Savage M. D.

(Address) Univ. Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38466

38466 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1729 Patapsco St. 23-3 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs, ... mos. ..... ds.

2. FULL NAME Minnie V. Momberger

If U. S. Veteran specify WAR .....

(a) Residence: No. 1729 Patapsco St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Momberger

6. DATE OF BIRTH (month, day, year) Nov. 12, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Momberger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Smyth

(Address) 1610 Elkins Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hills Date Aug 24 1937

19. UNDERTAKER J. Howard Evans

(Address) 1400 Edmondson

20. FILED ..... 19 ..... Registrar

AUG 23 1937

Lexington Millard, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1937 to Aug 22, 1937

I last saw her alive on Aug 22, 1937 Death is said to have occurred on the date stated above, at 9:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterus Sclerosis Indefinite	
Other contributory causes of importance: Epistaxis	8/20/37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

8/23/37 Signed R. L. Campbell M. D.

(Address) 1644 Hanover St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Hollie Creamer

✓ F 38467

F 38467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1877

1. PLACE OF DEATH Balto. City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., 1-H Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Hollie Creamer

(a) Residence: No. 814 S. Linwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Benjamin Creamer

6. DATE OF BIRTH (month, day, year) Jan 21-1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Montgomery Co Maryland

FATHER

13. NAME Horace Keith

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Bill

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Benjamin Creamer
(Address) 814 S. Linwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Aug 25 1937

19. UNDERTAKER Lilly & Zeiler INC.
(Address) 403 S. Wolfe St.

Registrar

G 23 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture neck of left femur	Mar 8-1937
Pneumonia	

Other contributory causes of importance:
Diabetes Mellitus

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation Surgical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury March 8, 1937

Where did injury occur: 814 S. Linwood Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell while sitting on Chair

Nature of injury Fracture left neck Femur

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Broadway

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 38468

F 38468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 8-3 Ward

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Hemminger

(a) Residence: No. 1201 N. Paterson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Hemminger

6. DATE OF BIRTH (month, day, year) Jan. 7, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Conrad Geiger

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Katie Seitzel

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT John Hemminger

(Address) 1201 N. Paterson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 24 1937

19. UNDERTAKER Lilly & Zeiler

(Address) 1430 Fulton Ave

20. FILED ..... 19 ..... Registrar

AUG 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 3 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] Coroner, M. D.

(Address) 815 Hanover

INFORMATION: This information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 38469

F 38469

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Pronounced Dead at Mercy Hospital — Ward 16-10

CITY OF BALTIMORE: (No.) ... St.

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where deceased lived: Lifetime ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME: Joseph E. Ritz

(a) Residence: No. 606 N. Elliston St ... St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year): Nov 25 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Piano

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Finisher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Michael Ritz

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Louisa K. Kenlein

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Gertrude Lemkuhler

(Address) 606 N. Elliston St

18. BURIAL, CREMATION, OR REMOVAL: Holy Redeemer Date Aug 24 37

Place ...

19. UNDERTAKER: Chas. H. Brune & Son

(Address) 1128 W. Mt. Royal Ave

Filed ... 19 ... Registrar.

AUG 23 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 21 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Injury (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Aug 21 37

Other contributory causes of importance: ...

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation none Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel B. Wolfe Coroner M. D.

(Address) 1331 E. North Ave

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38470

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3012 St. Paul St. St. 12-W Ward)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME VIRGINIA ELIZABETH SULLIVAN

(a) Residence: No. 3012 St. Paul Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Patrick Sullivan

6. DATE OF BIRTH (month, day, year) Nov. 28, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John Dillon

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Isabell Moody

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. W. Grave Hoyle
(Address) 3012 St. Paul Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Aug. 25 '37

19. UNDERTAKER Chas. F. Kraus & Co
(Address) 418 W. Mt. Royal Ave

20. FILED AUG 23 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1937 to Aug 21, 1937

I last saw her alive on Aug. 21, 1937. Death is said to have occurred on the date stated above, at 1935 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis with Hypertension	
Other contributory causes of importance: Cerebral Hemorrhage	8/16/37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Theodore Lovelace M. D.

(Address) Baltimore, Md

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

38171 F 38471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1112 Clendenin St., 13-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Franklin
If U. S. Veteran specify WAR

(a) Residence: No. 1112 Clendenin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Franklin

6. DATE OF BIRTH (month, day, year) Dec. 30 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chef. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. South Balto General Hospi

10. Date deceased last worked at this occupation (month and year) 1936.

11. Total time (years) spent in this occupation 10-15yrs.

12. BIRTHPLACE (city or town) (State or country) Barbados. B.W.I.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Barbados. B.W.I.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Barbados. B.W.I.

17. INFORMANT Mrs. Nellie Franklin
(Address) 1112 Clendenin St

18. BURIAL, CREMATION, OR REMOVAL
Place Scobeles, New York Date Aug. 24. 37

19. UNDERTAKER Mrs. Geo. N. Holland
(Address) 1631 Druid Hill Ave

AUG 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21 '37 19

22. I HEREBY CERTIFY, That I attended deceased from April, 1936, 19, to August 21st, 1937.
I last saw him alive on August 21st, 1937. Death is said to have occurred on the date stated above, at 10:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Oedema.	1936
Chronic Cardio Vascular Disease	years.
Hypertension	
Other contributory causes of importance: Arteriosclerosis	years

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Laurston L. Kenner M.D. M. D.

(Address) 1938 Linden Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38472

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38472

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 438 Rosecroft Terrace St., 20-E Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Johanna Bauer

If U. S. Veteran specify WAR

(a) Residence: No. 438 Rosecroft Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 20-1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Bauer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Lieberkeuhn

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Conrad Bauer
(Address) 438 Rosecroft Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Aug. 25/37

19. UNDERTAKER Harry H. Nuttle
(Address) 2101 Edmondson Ave.

AUG 23 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1937 to Aug 23, 1937

I last saw h[illegible] alive on Aug 22, 1937. Death is said to have occurred on the date stated above, at 1.15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1934
Other contributory causes of importance: Arterio Sclerosis	1934

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. W. Billings, M. D.

(Address) 222 N. Monroe

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 38473

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38473

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 766 Ramsay St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ferdinand Koch

If U. S. Veteran specify WAR .....

(a) Residence: No. 766 Ramsay St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Katherine Koch

6. DATE OF BIRTH (month, day, year) May 26, 1849.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
88	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wood Carver 0014

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Koch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Hile

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Herman Koch

(Address) 766 Ramsay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Aug. 24, 37

19. UNDERTAKER Harry A. Nuttle

(Address) 6101 Reisterstown Ave.

20. FILED AUG 23 1937 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1937. to Aug 20, 1937

I last saw him alive on Aug 20, 1937. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1935
Other contributory causes of importance: Arteriosclerosis	1936

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G. W. Billings M. D.

(Address) 222 N. Howard

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38474

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38474

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital. St. 25-1 Ward)

Registered No. X 163

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth 25 yrs. mos. da.

2. FULL NAME Ludwig Baran.

If U. S. Veteran specify WAR

(a) Residence: No. W. Elkridge, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, XXXXXXXXXXX HUSBAND of XXXXXXXX Mary Baran.

6. DATE OF BIRTH (month, day, year) December 29, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Stanley Baran.

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Mary Rock.

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Mary Baran. (wife)
(Address) W. Elkridge, Md.

18. BURIAL, CREMATION, OR REMOVAL St. Augustine, Elkridge, Md. Date Aug. 26 1937

19. UNDERTAKER E. Leroy Stubbs, Inc.
(Address) 125 E. North Ave.

Filed AUG 23 1937 Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Muriatic Acid poisoning. Suicide.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 8/23/37 19

Where did injury occur? W. Elkridge, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Suicide.

Nature of injury Muriatic Poisoning.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. M. Pinard Coroner, M. D.

8/23/37 (Address) 1017 S. Charles St.

V. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 38475

HEALTH DEPARTMENT—CITY OF BALTIMORE 38475

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 20-1 Ward)

Registered No. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Dougherty

(a) Residence: No. 220 N. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 15 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Leroy Dougherty

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sylvia Lilghman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Leroy Dougherty
(Address) 220 N. Fulton

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Cem Date 8/24/37

19. UNDERTAKER Thos A. Fahey
(Address) Fulton & Fayette

UG 23 1937 Huntington Nebraska

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/10/37, 19 , to 8/21/37, 19

I last saw h[illegible] alive on 8/21/37, 19 . Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia	8/19/37
Other contributory causes of importance: Typhoid Fever	8/10/37

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Agg. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph E. Bush M. D.
(Address) University Hospital.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1265-9

F 38476

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38476

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3938 Lounder Ave Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Katherine L. Yakel (Yeakel)

(a) Residence: No. 3938 Lounder St. Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles L Yakely

6. DATE OF BIRTH (month, day, year): Dec 26-1856

7. AGE: Years 80 | Months 7 | Days 25 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md

FATHER

13. NAME: John L Wiseman

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT (Address): Raymond W Yeakel 3933 Lounder ave

18. BURIAL, CREMATION, OR REMOVAL. Place: Mem Cathedral Date: Aug 27, 37

19. UNDERTAKER (Address): John A. Mulry 3600 E. Baltimore

20. FILED 19 Registrar

AUG 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 21 1937

22. I HEREBY CERTIFY, That I attended deceased from August 16 1937 to Aug 21 1937

I last saw her alive on Aug 20 1937 Death is said to have occurred on the date stated above, at about 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sclerotic Myocarditis	indefinite
arterio sclerosis	
Other contributory causes of importance:	
Heart failure	1 day

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Reginald J. Tommy M. D.

(Address) 414 S. North Ave

(over)

INSTRUCTIONS.—WRITE PLAINLY. WITH INK. ALL—Items must be answered. PHYSICIANS should furnish information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38477 HEALTH DEPARTMENT—CITY OF BALTIMORE F 38477

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4808 Calumet Ave Ward) No-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 8 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julia Bromwell

If U. S. Veteran, specify WAR No Record

(a) Residence: No. 4808 Calumet St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) Aug 6th 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Oxford Md

FATHER

13. NAME Jeremiah Bromwell

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Bowdle

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Charles Bromwell

(Address) 4808 Calumet Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oxford Md M.E. Church Cemetery Aug 24th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED AUG 23 1937 Huntington Nitkin, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22nd 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1937 to Aug 22 1937

I last saw her alive on Aug 17 1937 Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Sclerosis	
Chronic Myocarditis	
(Senile)	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Physician Holds M. D.

(Address) 5703 Harford Rd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38478 HEALTH DEPARTMENT—CITY OF BALTIMORE F 38478

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 N. Milton av St. 8-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Mc Ginnity

If U. S. Veteran specify WAR .....

(a) Residence: No. 1112 N. Milton av St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Rabel McGinnity

6. DATE OF BIRTH (month, day, year) Jan. 26 - 1875

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	62	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME ? Lange

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Gulicus ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry F Mc Ginnity Son
(Address) 1112 N Milton av

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 8/24/37

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

AUG 23 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1937, to Aug 21, 1937

I last saw her alive on Aug 21, 1937 Death is said to have occurred on the date stated above, at 10:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pneumonia,	
Marasmus, Senilis,	8 days
Hypertension, Mitral	
Regurgitation.	
Other contributory causes of importance:	
Chronic Intermittent Nephritis.	8 days

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation None

What test confirmed diagnosis? Urinalysis 4 days + Blood count Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos E A Stevens, M. D.

(Address) 2878 Hunterford Rd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38479

F 38479

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

25-3

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. South Baltimore General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. --mos.--ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clinton Williams.

(a) Residence: No. 2831 Indiana St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, XXXXXXXXXX HUSBAND of XXXXXXXX Maude Williams.

6. DATE OF BIRTH (month, day, year) November 7,1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Metal worker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME Floyd Williams.

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Maude Williams. (wife)
(Address) 2831 Indiana St.

18. BURIAL, CREMATION, OR REMOVAL
Place Union Cem. Date 8 25 1937

19. UNDERTAKER Wm. Cook & Son
(Address) 1214 Eutaw

20. FILED 19 ... Registrar.

AUG 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22,1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signature) Wm M Reinhardt M. D.
(Coroner)

8/23/37 (Address) 1017 S. Charles St.

V S 6

F 38480 ✓ F 38480

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2430 W. Franklin St. St. 20-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ~~mos.~~ ~~dys.~~ How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Vincent Chastang.

If U. S. Veteran specify WAR .....

(a) Residence: No. 2430 W. Franklin St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or WIFE of) Mary Chastang.

6. DATE OF BIRTH (month, day, year) March 1, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mobile Alabama.

FATHER

13. NAME Joseph Chastang.

14. BIRTHPLACE (city or town) (State or country) Alabama.

MOTHER

15. MAIDEN NAME Catherine Chastang.

16. BIRTHPLACE (city or town) (State or country) Alabama.

17. INFORMANT Mary Chastang. (wife)
(Address) 2430 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug 25/37

19. UNDERTAKER H. C. Manning Bro
(Address) 1136 & 1138 W. Baltimore St.

UG 23 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laceration of the brain.	
Rifle shot wound of right temple.	
Suicide while temporary deranged.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 8/22/37

Where did injury occur? 2430 W. Franklin St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Rifle shot wound.

Nature of injury Laceration of the brain.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Theo. M. Reinhardt, M. D.
Coroner

8/23/37 (Address) 1017 S. Charles St.

V S 6

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any loss of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38481

F 38481 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 Mc Henry St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Homberg

If U.S. Veteran specify WAR No Record

(a) Residence: No. 710 Mc Henry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of (or) WIFE of Herman Homberg

6. DATE OF BIRTH (month, day, year) about 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Max Rudolph

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Herman Homberg

(Address) 710 Mc Henry St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Aug 24th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul st

AUG 24 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22nd 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 15th 1936 to Aug 19th 1937

I last saw her alive on Aug 19th 1937 Death is said to have occurred on the date stated above, at 8:35 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right Breast	2.

Other contributory causes of importance: Metastases in lung.

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. J. Tankin M. D.

(Address) 1191 N. Milton Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

O.K. Paul Schreiber M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38482

F 38482

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth 69 yrs. mos. ds.

2. FULL NAME John H. Winter

If U. S. Veteran specify WAR

(a) Residence: No. 1012 N Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Wid

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie (Schafer)

6. DATE OF BIRTH (month, day, year) 4-4-1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woolen Carder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1886

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Winter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie Friday

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Minnie Winter

(Address) 1012 N. Dallas St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Sepulchre Date Aug 25 37

19. UNDERTAKER George Smith Inc

(Address) 125 Park Ave.

AUG 24 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 21 37 to Aug 22 37

I last saw him alive on Aug 22 1937 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	
Cardiac Arteriosclerosis	
Other contributory causes of importance:	
Jaundice	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. H. Spellman M. D.

(Address) Sinai Hospital

Lington Williams M.D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

F 38183

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38183

CERTIFICATE OF DEATH

V 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1802-Ensor Street St. 9-9 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Heisteman If U. S. Veteran specify WAR no

(a) Residence: No. 1802-Ensor Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minda R. (McNickel)

6. DATE OF BIRTH (month, day, year) 2/14/1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles W. Heisteman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edward A. Heisteman
(Address) 409 E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 8/25/37 19

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735-Harford Ave.

20. [illegible] Registrar.

AUG 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/22/37. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schreyer M. D.
Coroner

(Address) 1912 E. North Ave.

M. D. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38484

38484 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

94-B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 8 W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel L. Dacar

If U. S. Veteran specify WAR

(a) Residence: No. 1942 Perlman Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Bessie E. Dacar

6. DATE OF BIRTH (month, day, year) 11/3/1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Samuel L. Dacar

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Bessie E. Dacar
(Address) 1942 Perlman Place

18. BURIAL, CREMATION, OR REMOVAL.
Place Cedar Hill Cem Date Aug 25, 1937

19. UNDERTAKER Albert L. Hilt Jr.
(Address) 1601 N Chester Street

20. FILED ... 19 ... Registrar

AUG 24 1937

VSG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/22/37. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation ... Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify

(Signed) Paul Schenker Coroner M. D.

(Address) 1919 E. Hatton Ave.

F 38485

F 38485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B cc

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 1872

CITY OF BALTIMORE: (No. Bay View St., 74 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

2. FULL NAME James Radice — If U. S. Veteran specify WAR

(a) Residence: No. 1724 Barnes St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 15 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Jos. Zikler
(Address) 961 N. Chester St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Cem. Date Aug. 24 1937

19. UNDERTAKER George W. Zikler
(Address) 1737 E. Eager St.

20. FILED AUG 24 1937 Huntington Pettruccelli, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Aug 5 '37

Other contributory causes of importance:

Uremia

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1717 N. Bond St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 38486

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38486

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1332 Presstman St. 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maggie Lee

(a) Residence: No. 1332 Presstman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of John Lee

6. DATE OF BIRTH (month, day, year) Sept 4, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	11	19 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Private family~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John Lee
(Address) 1332 Presstman St

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Date Aug. 26 1937

19. UNDERTAKER V. A. Brooks
(Address) 1463 N. Carey St
Livingston Williams, ND

FILED AUG 24 1937
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1937, to Aug 22, 1937
I last saw her alive on Aug 21, 1937 Death is said to have occurred on the date stated above, at 1030 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	1936
Other contributory causes of importance: Broken Compensation	8/14/37

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) C. William Frey, M. D.

(Address) 1928 Penna Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38187

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38187

CERTIFICATE OF DEATH

✓ 102-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Incurables St. 13-7 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Christina Schadel

If U. S. Veteran specify WAR .....

(a) Residence: No. Home for Incurables St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Schadel

6. DATE OF BIRTH (month, day, year) Feb. 7, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME ~~Fritz Daniel~~ Frederick Mohr

14. BIRTHPLACE (city or town) (State or country) Essex Co. ?

MOTHER

15. MAIDEN NAME Mary Wilhelm

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. Henry Schadel
(Address) Stevens Run, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Matthews Date Aug 25, 1937

19. UNDERTAKER Wm. J. Tipken & Son
(Address) Pikesville, Md.

20. Filed AUG 24 1937 Clayton Hillman, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936 to Aug 23, 1937

I last saw h~~e~~r alive on Aug 22, 1937. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gout	?
Anemia, Hypochromic	(Aug 19 8 days)
Pneumonia, Lobular	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Conrad Acton M. D.

(Address) Home for Incurables

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38488 HEALTH DEPARTMENT—CITY OF BALTIMORE F 38488

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3906 Dorchester Road St. 15-10 Ward)

Length of residence in city or town where death occurred 85 yrs. 11 mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louis M. Wilcox

(a) Residence: No. 3906 Dorchester Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~HUSBAND of~~ Emma L. Wilcox

6. DATE OF BIRTH (month, day, year) Sept 13th 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hardware Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Wm. L. Wilcox

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Rose

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Emma L Wilcox
(Address) 3906 Dorchester Road

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date Aug 24th 1937

19. UNDERTAKER H. J. Lichtner & Sons
(Address) Balto Md

20. FILED ..... 19 ..... Registrar.

AUG 24 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 21 1933 to August 22 1937

I last saw him alive on August 21 1937. Death is said to have occurred on the date stated above, at 10:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chronic Myocarditis	?
Chronic nephritis	?
Uremia	8/20/37

Other contributory causes of importance:
Senility

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Conley Edel M. D.
(Address) 3403 Gardenia Blvd

A. B. C.—WHITE PAPER, WITH BLACK INK. PHYSICIANS should carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

38489 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 38489

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1195 Rochester Place St. ..... Ward)

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sylvester Connelly

If U. S. Veteran specify WAR .....

(a) Residence: No. 1195 S. Rochester Pl. St. ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Katie Connelly

6. DATE OF BIRTH (month, day, year) Jan. 5. 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Salesman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Singer Sewing Mach. Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Patrick Connelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget King

16. BIRTHPLACE (city or town) (State or country) Ire.

17. INFORMANT Katie Connelly

(Address) 119 Rochester Place

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville 8/24 1937

19. UNDERTAKER J. Edward Logan

(Address) 3606 E. Baltimore St.

20. FILED ..... 19 ..... Registrar.

AUG 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/21/1937

22. I HEREBY CERTIFY, That I attended deceased from 8-21-1937 to 8-21-1937

last saw h[illegible] alive on 8-21-1937 Death is said to have occurred on the date stated above at 10 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6 hrs
Contributory causes of importance:	
acute Cardiac Dilatation	24 hrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? EKG Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Reed Towers M. D.

(Address) 1800 N. Eutaw St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38490

CERTIFICATE OF DEATH

104-3 F 38490

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Ear Eye, & Throat Hosp (St.) 5-13 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Malmoe

(a) Residence: 2526 Quantico Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Wh	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
20			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tire Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Samuel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Wash Blvd Date 8/24/37

19. UNDERTAKER Jack Levin Inc

(Address) 1457 E. Lexington St.

20. FILED AUG 24 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1937, to Aug 24, 1937.

I last saw him alive on Aug 24, 1937. Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain abscess	8-23
Other contributory causes of importance: Frontal Sinusitis	8-14

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

I (Signed) Jerome Snyder, M. D.

(Address) Medical Arts Bldg.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38491

CERTIFICATE OF DEATH

√ 46-E F 38491

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 30 yrs. ..... mos. ..... ds.

2. FULL NAME Isadore Rosenberg

If U. S. Veteran specify WAR .....

(a) Residence: No. 1434 Orleans St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Miriam

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Herring Run Date 8/24/37

19. UNDERTAKER Louis Levin
(Address) 1439 E Baltimore St

AUG 24 1937 Huntington Williamsport

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 23 1937

22. I HEREBY CERTIFY, That I attended deceased from June 18 1937 to Aug. 23 1937.

I last saw h.. alive on Aug. 23 1937. Death is said to have occurred on the date stated above, at 1:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	4 Months
(Primary site unknown)	
Secondary Carcinoma Ascites	3 Months

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Irwin Sanders, M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 38492

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38492

CERTIFICATE OF DEATH

✓97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 Lemmon St. St., 19-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Fox.

(a) Residence: No. 1604 Lemmon St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If ~~XXXX~~, widowed, or ~~XXXXXX~~ HUSBAND of ~~XX~~ XXXXXX Carrie Fox.

6. DATE OF BIRTH (month, day, year) June--- 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	2	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

FATHER

13. NAME George H. Fox.

14. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

MOTHER

15. MAIDEN NAME Elizabeth Hauver.

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

17. INFORMANT Icie Galloway. (sister)
(Address) 1141 W. Cross St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Aug 24th 1937

19. UNDERTAKER A. Jones
(Address) 111 S. Gilmor st

20. FILED AUG 24 1937 19 ... Registrar

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) died that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis.	
Other contributory causes of importance:	

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

8/23/37 (Signed) Otto M. Finnard M. D.
Coroner
(Address) 1017 S. Charles St.

F 38493

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38493

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital Ward) 8

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Eugene F. Short

If U. S. Veteran specify WAR

(a) Residence: No. 3657 Gelston Drive St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nora A. Daly

6. DATE OF BIRTH (month, day, year): Aug. 5, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Fire

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Chief, Balto. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Philadelphia Pennsylvania

FATHER

13. NAME: Not obtainable

14. BIRTHPLACE (city or town) (State or country): Not obtainable " "

MOTHER

15. MAIDEN NAME: " "

16. BIRTHPLACE (city or town) (State or country): " " " "

17. INFORMANT: Miss Agnes M. Short

(Address) 3657 Gelston Drive

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cemetery Date: 8/25 19 37

19. UNDERTAKER: Henry H. Mears and Bro.

(Address) 805 N. Calvert St.

20. FILED: AUG 24 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1937 to Aug 22, 1937

I last saw him alive on Aug 22, 1937 Death is said to have occurred on the date stated above, at 11:40 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Cardio Vascular disease.	
Coronary Thrombosis.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. J. Sobanski M. D.

(Address) Bon Secours Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38494

HEALTH DEPARTMENT—CITY OF BALTIMORE 38494

CERTIFICATE OF DEATH

149-B - 149a

1. PLACE OF DEATH Johns Hopkins Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 16-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Godfrey [redacted] — If U. S. Veteran specify WAR .....

(a) Residence: No. 1403 Winchester St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

8a. If married, widowed, or divorced WIFE of Arthur Godfrey [redacted]

6. DATE OF BIRTH (month, day, year) 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) July, 1937 — 11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Godfrey

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME [redacted]

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Douglas Mem. Cem. Date Aug. 24-37

19. UNDERTAKER Eugene Waters
(Address) 537 N. Gilmor st.

20. FILED AUG 24 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Aug 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1937, to Aug 21, 1937

I last saw her alive on Aug 21, 1937. Death is said to have occurred on the date stated above, at 4:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post-Operative Intestinal Obstruction	8-2-37
Vascular Collapse	8-21-37

Other contributory causes of importance:

Was an operation performed? Yes Date of Aug 17, 1937

For what disease or injury? Pregnancy

Name of operation Caesarian Section

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) E. W. Oberstreut, M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38495 CERTIFICATE OF DEATH F 38495

Registered No.

1. PLACE OF DEATH St Agnes Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens & Catonsville St., 5 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mr Charles F Benner If U. S. Veteran specify WAR

(a) Residence: No. 2232 Eagle st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha M. Benner

6. DATE OF BIRTH (month, day, year) Nov 11 1872

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
64	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick Layer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (Month and year) July 1937

11. Total time (years) spent in this occupation 50 Yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Benner

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Virginia Dubuar

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Martha M. Benner wife
(Address) 2232 Eagle Street

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug 24 37

19. UNDERTAKER Albert M Gregory
(Address) 440 E north Ave

Filed AUG 24 1937 Livingston Williams Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 21 1937

22. I HEREBY CERTIFY, That I attended deceased from August 6. 1937 to August 21 1937
I last saw h.i.m. alive on August 21 1937 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative Cardiovascular disease	Several yrs.
c Final myocardial failure.	?
Cerebral Anemia.	?
Generalized arteriosclerosis	
Other contributory causes of importance:	
Pulmonary Emphysema	1

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Joseph E. Muse Jr M. D.

(Address) St. Agnes' Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38496

CERTIFICATE OF DEATH

163 F 38496

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Fadashi Shimomura

(a) Residence: No. 1-213 Matsubara Machi Tokyo Japan Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	yellow	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 14, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Physician on Boat

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Tokyo
(State or country) Japan

FATHER

13. NAME Not known Shimomura

14. BIRTHPLACE (city or town) Sagaken Japan
(State or country)

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Tokyo Japan
(State or country)

17. INFORMANT Ramsy Scarlett & Co
(Address) Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug. 24 1937

19. UNDERTAKER John A. Mitchell & Sons
(Address) 1808 Eutaw Place

Filed AUG 24 1937 [illegible] Williams

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry & Autopsy (Inquest, Autopsy or Inquiry) and from the evidence obtained by Inquiry & Autopsy (Inquest, Autopsy or Inquiry) that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Encephalitis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did ~~injury~~ occur? Steamer Nagaramaru
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) F. B. Conklin, M. D.
Coroner

(Address) 2757 Lanvale St

E 38497

E 38497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-B

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby - Margt. Carter

(a) Residence: No. 716 Greenmount ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8-8-37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Margeret Blackwell

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place JOHNS HOPKINS MEDICAL SCHOOL AUG 24 1937

Commissioner of Health

19. UNDERTAKER Per H. A. Moore (Address) Huntington Williams, Md

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1937, to Aug 18, 1937

I last saw her alive on Aug 18, 1937. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary Dysentery - Flexner	1937
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James H. Hartley M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

LEGIBLE COPY

3436 K

F 38498 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38498

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md. Gen. Hospital 1727-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 2452 Ward 2

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Margarite N Lipp

If U. S. Veteran specify WAR .....

(a) Residence: No. 544 E Clement St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. M. Lipp

6. DATE OF BIRTH (month, day, year) Oct 6 1900

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John A. Rice Jr

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary E. Seick

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT William M. Lipp

(Address) 544 E. Clement St

18. BURIAL, CREMATION, OR REMOVAL

Place London Parkway 26 1937

19. UNDERTAKER F. B. Hoppert

(Address) 1305 Eutaw Place

20. FILED AUG 24 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 12 1937 to Aug 22 1937

I last saw h[illegible] alive on Aug 22 1937. Death is said to have occurred on the date stated above, at 2:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Volvulus	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Aug 17 1937

For what disease or injury? Intestinal Obstruction

Name of operation Intraperitoneal

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) A. L. Ewald M.D.

(Address) Md. Genl. Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ONLY ONE letter or information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

38499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

463 F 38499

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1230 S. Sharp St. 23-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia Small

If U.S. Veteran specify WAR .....

(a) Residence: No. 1230 S Sharp St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Small

6. DATE OF BIRTH (month, day, year) May-12-1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	3	8.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Home

10. Date deceased last worked at this occupation (month and year) June 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex Co. Virginia

FATHER

13. NAME James St John

14. BIRTHPLACE (city or town) (State or country) Essex Co Virginia

MOTHER

15. MAIDEN NAME Mary Holmes

16. BIRTHPLACE (city or town) (State or country) Essex Co Virginia

17. INFORMANT Sara Harvard

(Address) 1230 Sharp St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Aug 24 1937

19. UNDERTAKER Sarah L Robertson

(Address) 1056 Montgomery St

AUG 24 1937 Clayton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/17, 1937 to 8/20, 1937

I last saw her alive on 8/20, 1937 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
1 year -	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Abdominal mass - Gastric Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) David Frankel M. D.

(Address) 1122 N Ave

F 38500

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38500

CERTIFICATE OF DEATH

16944 (DB) 45-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 15-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Addie Burwell

(a) Residence: No. 1830 Westwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) 12/3/1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia
(State or country)

FATHER

13. NAME William Maxwell (d)

14. BIRTHPLACE (city or town) Virginia
(State or country)

MOTHER

15. MAIDEN NAME Jane Abrams (d)

16. BIRTHPLACE (city or town) Virginia
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place West Point, Va. Date Aug. 24' 37

19. UNDERTAKER Mrs. Geo. H. Holland
(Address) 631 Druid Hill Ave

AUG 24 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 5, 1936, to August 23, 1937

I last saw her alive on August 23, 1937. Death is said to have occurred on the date stated above, at 11-05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeSantelle M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38501

38501

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2101 Dobler Ave. St., 9-W Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles R. Fove

(a) Residence: No. 2101 Dobler Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. Fove

6. DATE OF BIRTH (month, day, year) 4/8/1903

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Benjamin F. Fove

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mary J. Fove

(Address) 2101 Dobler Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 8/25 1937

19. UNDERTAKER Leonard J. Buck

(Address) 5305 Harford Rd

20. FILED 8/24 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/23/37. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of PHYSICIANS should be made in plain terms, so that .. may be properly classified.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38502

CERTIFICATE OF DEATH

25582--CM

F 38502

1. PLACE OF DEATH

Registered No. 44-148

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 44 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Becraft

If U. S. Veteran specify WAR

(a) Residence: No. 242 W. Fayette St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George (D)

6. DATE OF BIRTH (month, day, year) 7-15-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Asnbury Burdette

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Becraft

16. BIRTHPLACE (city or town) (State or country) Un.

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Lindsay Gore Cem. Mt Airy Date 8/28 19 37

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun - Hollins Sts

20. FILED AUG 24 1937 19 A. E. Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-23-1937

22. I HEREBY CERTIFY, That I attended deceased from 8-4 1937 to 8-23 1937

I last saw her alive on 8-23 1937. Death is said to have occurred on the date stated above, at 9.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma cervix with metastases	?
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Ek. Woodward Jr. M. D.

(Address) Balto. City Hosps.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38503

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38503

CERTIFICATE OF DEATH

115-a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., 17-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Jones

(a) Residence: No. 400 N. Pine St., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nepolian Jones

6. DATE OF BIRTH (month, day, year) 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Jones Johnson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Saran Not Known

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Nepolian Jones
(Address) 400 N. Pine St.

18. BURIAL, CREMATION OR REMOVAL
Place Mt Auburn Date 8/24 37 19

19. UNDERTAKER William A Jackson
(Address) 916 Penna ave

Filed ... 19 ... Registrar

AUG 24 1937

V S 6

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Aug. 21, 1937

22. I HEREBY CERTIFY that I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquiry died that said deceased came
(Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Throat	
(Septicemia)	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

F 38504

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38504

CERTIFICATE OF DEATH

1. PLACE OF DEATH 2537 Calvert Heights Ave. 16-5 94-8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence Edgar Turley

If U. S. Veteran specify WAR .....

(a) Residence: No. 2537 Calvert Heights Road Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Edgar Turley

6. DATE OF BIRTH (month, day, year)			
July 14 1877			
7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Locomotive Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc B&OR.R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington Co. Md.

FATHER

13. NAME James Walter Turley

14. BIRTHPLACE (city or town) (State or country) Martinsburg W.Va.

MOTHER

15. MAIDEN NAME Ellen J. Lawson

16. BIRTHPLACE (city or town) (State or country) Washington Co. Md.

17. INFORMANT Miss Retta Turley

(Address) 2537 Calvert Heights Road

18. BURIAL, CREMATION, OR REMOVAL Place Mehlville Cem. Mo. Date 8 25 1937

19. UNDERTAKER Margaret E. Edgar

(Address) 422 Druid Hill Ave

Huntington Williams Inc.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 23 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereof; and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above, about 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Hyman Gruver, M. D.

Coroner

(Address) 2210 Harman

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 24 1937

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38505

CERTIFICATE OF DEATH

95-B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38505

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Peterson

(a) Residence: No. 740 W. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-17-1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME John Peterson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date AUG 24 1937 19
Commissioner of Health
Per H. A. Moore

19. UNDERTAKER
(Address)

20. FILED
Registrar

AUG 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 20 1937, to August 20 1937.

I last saw h... alive on August 20 1937. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease 4 years	
Other contributory causes of importance:	
Coronary occlusion	8-20-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. Moore M. D.

(Address) Baltimore City Hospitals

3433 H

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38506 F 38506

CERTIFICATE OF DEATH

95-B

OGK-- 25051 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City nospital St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Nixon

(a) Residence: No. 502 N. Fulton Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 9-25-1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 2 yr

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME John Nixon

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Pauline Gunthers

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Baltimore City nospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park. Date Aug. 26 1937

19. UNDERTAKER R. W. Little
(Address) 2700 Edmondson ave

20. FILED AUG 24 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 16 1937 to August 23 1937

I last saw him alive on August 23 1937. Death is said to have occurred on the date stated above, at 4 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension. cardio-vascular disease	1935

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. de Sautelle M. D.

(Address) Baltimore City Hospitals

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH OCCUPATION is very important. See instructions on back of certificate.

F 38507

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38507

CERTIFICATE OF DEATH

100

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton St., G-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Bell

If U. S. Veteran specify WAR

(a) Residence: No. Cor Fusby + 36th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph W. Bell

6. DATE OF BIRTH (month, day, year): May 23-1863

7. AGE: Years 74; Months 2; Days 29; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: "

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: John Eichhorn

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Annie Eichhorn

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Steward D. Bell

(Address) 644 E. 36½ St.

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: Aug 25, 37

19. UNDERTAKER: John J. Mund

(Address) 3000 E. Balto St

20. FILED: AUG 24 1937 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-22-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-16-1937 to 8-22-1937

I last saw her alive on 8-22-1937 Death is said to have occurred on the date stated above, at 8.35 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	8-20-37
st. Thromb.	

Other contributory causes of importance:

Thrombophlebitis, iliac Vessels	Aug 1936
Chronic arthritis, probably infectious	?

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? No. If so, specify

(Signed) Joseph E. Muse Jr. M. D.

(Address) St. Agnes Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38508

38508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16-4a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2311 Homewood Ave St., 9-8 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Anna Koenig

if U. S. Veteran specify WAR.....

(a) Residence: No. 2311 Homewood Ave St., ...Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John G. Koenig

6. DATE OF BIRTH (month, day, year) July 29 1873

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
64		26 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME Jacob Schibel

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Viene V Helsaya

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT John G. Koenig

(Address) 2311 Homewood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul Cem Date Aug 26 1937

19. UNDERTAKER J. F. Eline & Sons Inc.

(Address) Reisterstown Md.

20. FILED AUG 24 1937 19 [illegible] Registrar.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/23/37. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide poisoning (Illuminating Gas)	

Other contributory causes of importance:

Was an operation performed? No Date of.....

For what disease or injury?

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/23/1937

Where did injury occur? 2311 Homewood Ave Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Turned on gas in

Nature of injury Gas poisoning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Paul Wheeler M. D.

Coroner

(Address) 1912 E. Baltimore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38509

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 38509 ✓

107-a

25-1

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St., 25 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Murphy

(a) Residence: No. 1100 Frederick Ave St., Frederick & Beaumont Ave Catonsville Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 27, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Arthur Murphy

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Mc Ginn

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Thos H. Riley

(Address) 6 & 8 Augusta Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Aug 27 1937

19. UNDERTAKER George A. Farley

(Address) Fayette & Fulton Ave.

20. FILED ..... 19 ..... Registrar .....

AUG 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1937, to Aug 24, 1937.

I last saw h.. alive on Aug 24, 1937. Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Dissemmated Bronchopneumonia	8-4-37
Chronic Alcoholism	

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Lawrence J. Shimanek M. D.

(Address) St Agnes Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

✓ F 38510

F 38510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 123

1. PLACE OF DEATH Church Home - Dykeman

CITY OF BALTIMORE: (No. 6-5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. 11 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2 weeks

2. FULL NAME Mary Kuzma

(a) Residence: No. Wise Ave. Sparrows Pt. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr John Kuzma.

6. DATE OF BIRTH (month, day, year) Sept 8th 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47 47	11	17 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Life
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Kuzma
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mac ?
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Child ?
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Cem Date Aug 25 . 1937

19. UNDERTAKER John M Welsh
(Address) 1401 E. Chester St

Registered Aug 24 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22 . 1937

22. I HEREBY CERTIFY, That I attended deceased from July 10 . 1937 to Aug 22 . 1937
I last saw her alive on Aug 22 . 1937 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Sacrum	Aug 20.
Resection of Sacrum	June 1937

Other contributory causes of importance:

Resection of sacrum. carcinoma & half	
of ascending colon.	July 15.
Fecal Fistula	July 22

Name of operation Resection of sacrum. carcinoma & half of ascending colon. Date of July 15 th

What test confirmed diagnosis? Rectal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wesley J. Ketz, M. D.
(Address) Church Home & Infirmary

S. B.—WRITE PLAINLY, WITH PAPER, INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

F 38511

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38511

CERTIFICATE OF DEATH

REGISTERED NO. 122-a

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. ST. 36-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Kates / Kaates

(a) RESIDENCE NO. (5121 Eastern Ave) (Usual place of abode) ST., (Kenwood) WARD

Length of residence in city or town where death occurred 5 yrs. 9 mos. 9 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
(about)	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labourer

(b) General nature of industry, business, or establishment in which employed (or employer) Naylor Steel Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Greece

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greece

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greece

14 Informant Geo. Agnew

(Address) 4013 Roanoke

15 AUG 25 1937 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 22-37.

17 I HEREBY CERTIFY, That I attended deceased from Aug 11 37, 19..., to Aug 22 37, 19...,

that I last saw h Aug alive on Aug 22 37, 19...

and that death occurred, on the date stated above, at 6 1/2 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 10+ ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of Aug 19-37

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Unsigned, M. D.

, 19 (Address) Franklin Sq Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL 8 25 1937

20 UNDERTAKER Thos. J. Jones & Sons — ADDRESS 1214 E. Fayette St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 38512

38512 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 210-M

1. PLACE OF DEATH City Hospital
CITY OF BALTIMORE: (No. 26-12 St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Kirsch If U. S. Veteran specify WAR Record

(a) Residence: No. Homberg Ave, Essex St., Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced WIFE of HUSBAND of (or) Single

6. DATE OF BIRTH (month, day, year) Dec 8 - 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Towson Co Md

FATHER

13. NAME Daniel Kirsch

14. BIRTHPLACE (city or town) (State or country) Buffalo N.Y.

MOTHER

15. MAIDEN NAME Mary Ann Lohmeier

16. BIRTHPLACE (city or town) (State or country) Towson Co Md

17. INFORMANT Mrs Kirsch (Address) 2611 Mura Street

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date May 25-37

19. UNDERTAKER Wm Cook (Address) 1217 E Baltimore St

20. FILED AUG 25 1937 Washington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Fracture Ribs	May
Pneumo Hemo	
Probable fracture skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury May 22 1937
Where did injury occur? Eastern Ave near Homberg (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street
Manner of injury Struck by auto while
Nature of injury on street

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Reuben Gentry Coroner M. D.
(Address) 931 N Charles St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Entry from all information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38513

F 38513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Pier #6 Port Covington 94-B

1. PLACE OF DEATH S/S Tacoma City. 24-4 Registered No.

CITY OF BALTIMORE: (No. Atlantic Ocean, St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred X yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cecil D. Yeats. U. S. Veteran specify WAR

(a) Residence: No. South Shields, England Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) 1877.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	-----	-----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steward,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S/S Tacoma City.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Capt. Henry T. Isaac.
(Address) S/S Tacoma City

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Aug 25th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 E. Paul St

20. FILED Huntington Nothnagle, Registrar

AUG 26 1937

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis.	
Occlusion of Coronary Arteries.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jno. M. Fennard, M. D. Coroner

8/23/37 (Address) 1017 S. Charles St.

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38514

25672--CM

F 38514

CERTIFICATE OF DEATH

Registered No. 12-795-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Phillips

(a) Residence: No. 2617 Hampden Ave., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosie E. Phillips.

6. DATE OF BIRTH (month, day, year) 10-29-82

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54 55	---	3 24		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Louis Phillips.

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Elizabeth Baker.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Dept. Park Cem. Date Aug 26 1937

19. UNDERTAKER Chenoweth & Son.

(Address) 345 Chestnut Ave

20. FILED AUG 25 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 23. 1937

22. I HEREBY CERTIFY, That I attended deceased from August 7 1937 to August 23 1937

I last saw him alive on August 20 1937. Death is said to have occurred on the date stated above, at 10:00 P m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease — Date of onset F - 1937

Other contributory causes of importance: Emphysema, pulmonary tuberculosis unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. Kelly & Lee Gibbs M. D.

(Address) Baltimore City Hospitals

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 38515

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38515

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 S. BOULDIN ST. St. 26-11 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME BERNHARDT CRITZMAN

(a) Residence: No. 808 S. BOULDIN ST. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of KATHERINE CRITZMAN

6. DATE OF BIRTH (month, day, year) NOV. 20/1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BOTTLER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. WIELKENS SODA WATER CO.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME OTTO CRITZMAN

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME SELMA GEPHARDT

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT MARGARETT CRITZMAN (DOUTHER)
(Address) 808 S. BOULDIN ST

18. BURIAL, CREMATION, OR REMOVAL
Place PARKWOOD Date AUG. 26 1937

19. UNDERTAKER Lilly & Siberline.
(Address) 401 S. WOLFE ST.

AUG 25 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 23 1937

22. I HEREBY CERTIFY, That I attended deceased from July 35 to Aug 23 1937

I last saw him alive on Aug. 23 1937 Death is said to have occurred on the date stated above, at 6/30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular renal disease	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signature) Edgar Zellers M. D.

(Address) 2739 Eastern Ave

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 38516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 131 F 38516

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womens Hospital St. 1 E 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Mary Willis Stewart

If U.S. Veteran specify WAR .....

(a) Residence: No. Oxford Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas B. Stewart

6. DATE OF BIRTH (month, day, year) Apr. 25 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James H. Willis

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Virginia L. Harris

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Henry Stewart (Address) 4209 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Oxford Cem. Oxford Md. Date Aug 27 37

19. UNDERTAKER James A. Spence (Address) Easton Md.

AUG 25 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 5, 1937 to August 24 1937

I last saw her alive on August 24 1937 Death is said to have occurred on the date stated above, at 9.10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	?
Hypertension	?
Chronic nephritis	?
Coronary thrombosis	8-7-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) James N. Burton M.D.

(Address) 323 Taplow Road.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38517

CERTIFICATE OF DEATH

82-a F 38517

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1751 Brady Ave St., 25-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long In U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Carter

If U.S. Veteran specify WAR

(a) Residence: No. 1751 Brady Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) Apr 26, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME John Carter

14. BIRTHPLACE (city or town) (State or country) S C.

MOTHER

15. MAIDEN NAME Anderson

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Annie Carter (niece)
(Address) 1751 Brady Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Aug 26 1937

19. UNDERTAKER Daniel R Brown Sr
(Address) 1018 W Monroe St

AUG 25 1937 Lexington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1937 to Aug 22 1937.

I last saw her alive on Aug 22 1937. Death is said to have occurred on the date stated above at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8/3
Essential Hypertension	unknown

Other contributory causes of importance

Was an operation performed? no Date of —

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) George W Donald M. D.

(Address) 644 N Carey

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38518

CERTIFICATE OF DEATH

131 ✓ F 38518

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1150 Myrtle Ave Ward 17-3)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. — mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie R. Queen

If U.S Veteran specify WAR

(a) Residence: No. 1150 Myrtle Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Eugene W Queen

6. DATE OF BIRTH (month, day, year): Aug - 11 - 1900

7. AGE: Years 37 | Months — | Days 10. | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dairy Woman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: a Stores

10. Date deceased last worked at this occupation (month and year): Mar — 37

11. Total time (years) spent in this occupation: 15

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Robert W Green

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Hattie Williams

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Eugene W. Queen

(Address) 1150 Myrtle Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Aug 25 1937

19. UNDERTAKER: Isaiah L Brockstar

(Address) 1056 Montgomery St

FILED Aug 25 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from July - 4, 1937 to Aug - 21, 1937

I last saw h[illegible] alive on Aug - 21, 1937 Death is said to have occurred on the date stated above, at 11 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
Chronic nephritis	
—	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? albumin + + + Hypertension Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Frankel M. D.

(Address) 1111 Linden Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38519 — CERTIFICATE OF DEATH — 50 F 38519

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 George St St. 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary L. Brown

If U. S. Veteran specify WAR .....

(a) Residence: No. 618 George St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 2, 872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chestertown Md

FATHER

13. NAME Ezekiel Brown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Josephine Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Annie Brown (Address) 618 George St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem Date 8/26/ 37

19. UNDERTAKER Francis A Hemsley (Address) 57 W. Biddle St

20. FILED ... Registrar.

AUG 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1937 to Aug 23, 1937

I last saw h[illegible] alive on Aug 22, 1937 Death is said to have occurred on the date stated above, at 12.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis and Pneumonia 4 days	Jan 1937
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.

(Address) [illegible]

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131 F 38520

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4403 Arabia Avenue St. 27-2 Ward)

Length of residence in city or town where death occurred 47 yrs. 9 mos. 22 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Mary Jessie Wells

If U.S. Veteran specify WAR ----

(a) Residence: No. 4403 Arabia Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clarence L. Wells

6. DATE OF BIRTH (month, day, year) Nov. 2, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John R. Schaefer

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Annie E. McGlenan

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Clarence L. Wells

(Address) 4403 Arabia Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cemetery 8/26 37

19. UNDERTAKER Harry H. Mears & Son

(Address) 5-23 W Caldwell St. Huntington Williamson, W Va

AUG 25 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24 1937

22. I HEREBY CERTIFY, That I attended deceased from 1920 to August 24 1937

I last saw h-- alive on August 22 1937. Death is said to have occurred on the date stated above, at 3.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular renal Disease	1920
Other contributory causes of importance: Acute cardiac Dilatation	August 24 1937

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Albumin, Blood present Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Brooks M. Settle M. D.

(Address) 2435 Maryland Ave

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38521 HEALTH DEPARTMENT—CITY OF BALTIMORE 38521

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 N. Fulton ave St. 20-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William D. Coolahan

If U. S. Veteran specify WAR .....

(a) Residence: No. 24 N. Fulton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marion K. Zeigler

6. DATE OF BIRTH (month, day, year) Aug 22 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Bald. Md

FATHER

13. NAME Malachi F. Coolahan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Farrell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Marion K Coolahan
(Address) 24 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date Aug 26 37

19. UNDERTAKER Geo E. Beyer Jr
(Address) 512 Baltimore St

20. FILED Aug 25 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 18 1937 to Aug 23 1937

I last saw him alive on Aug 20 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	2 hr.
Other contributory causes of importance: Chronic myocarditis	1 yr.
Acute nephritis	6 days

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. Galeo M. D.
(Address) 4 N Eutaw

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

38522 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 38522

CERTIFICATE OF DEATH

✓ 107-W

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 S. East Ave St. 26-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph H. O'Brien

If U. S. Veteran specify WAR .....

(a) Residence: No. 124 S. East Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Catherine O'Brien

6. DATE OF BIRTH (month, day, year) Feb. 7, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lighthouse Service

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 30 years

12. BIRTHPLACE (city or town) (State or country) Boston Mass.

FATHER

13. NAME Daniel O'Brien

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mt Kuroon

16. BIRTHPLACE (city or town) (State or country) Mt Kuroon

17. INFORMANT Mrs Catherine O'Brien

(Address) 124 S. East Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Aug. 26 1937

19. UNDERTAKER L. Snyder Sons Inc.

(Address) 1710 Pleet St.

20. [illegible] Washington

Registrar.

AUG 25 1937

VS 5

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 23d. 1937

22. I HEREBY CERTIFY, That I attended deceased from June 20 - 1937 to Aug 23 1937

I last saw him alive on August 23 1937. Death is said to have occurred on the date stated above, at 6 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia from which he was slowly recovering but he did not have the resistance to fight the heart — Date of onset June 20-37.

Other contributory causes of importance:

Heat exhaustion

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none

What test confirmed diagnosis? X-Ray Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

— If so, specify .....

(Signed) Allen C. Bartlem M. D.

(Address) 3139 E. Baltimore St

Information should be carefully supplied. Age should be stated EXACTLY. Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38523

CERTIFICATE OF DEATH

Registered No. F 38523

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7-5 St., Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Senator Knox Isaacson

(a) Residence: No. 818 1st Nat. Bank Building St., Ward. Oklahoma City Okla.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte Robbins

6. DATE OF BIRTH (month, day, year) 3/30/91

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oil Producer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Me.

FATHER

13. NAME Daniel Isaacson

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME Cordelia Green

16. BIRTHPLACE (city or town) (State or country) Me.

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Duncan Okla. Date Aug. 25 19 37

19. UNDERTAKER John O. Mitchell Undertaking (Address) 1900 Eutaw Place

Clayton Williams, M.D.

AUG 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1937, to Aug. 25, 1937.

I last saw him alive on Aug. 25, 1937. Death is said to have occurred on the date stated above, at 5:35 A m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic cardio-vascular disease

Uremia

Date of onset: 4 years ago July 1937

Other contributory causes of importance:

over

Was an operation performed? Yes Date of 8/11/37

For what disease or injury? for Cerebral decompression

Name of operation Subtemporal decompression.

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. A. Brennan M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38524

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38524

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1733 N Duncan St) (Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lillian Morris

(a) Residence: No. 1733 N. Duncan (Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Luther July 13 - 1891

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Chas Morgan

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Elizabeth (Unknown)

16. BIRTHPLACE (city or town) (State or country) Prince Geo Co

17. INFORMANT Father Morris

(Address) 1733 N. Duncan St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 8-27-37

19. UNDERTAKER Williams & Co

(Address) 1210 E Baltimore St

Registered No. .....

20. FILED AUG 25 1937

(Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH 8 AM.

21. DATE OF DEATH (month, day, year) Aug 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 27, 19 37, to Aug 22, 19 37, I last saw h[illegible] alive on Aug 20, 19 37, Death is said to have occurred on the date stated above at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cerebral Hemorrhage	3 days
(b) Diabetes	years
(c)	
(d)	

Other contributory causes of importance:

Acute Cardiac Dilatation

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? .....

Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 600 N Wolfe St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38525

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38525

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3405 Sprindale Ave. St., 15-8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eve Magdalena Pink

(a) Residence: No. 3405 Sprindale Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of Ernest V. Pink
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 29, 1860.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Paul Hong

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Christine Meyer

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Fred G. W. Pink.
(Address) 3405 Sprindale Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug. 26/37

19. UNDERTAKER Harry A. Fritzke
(Address) 1101 Gorsuch Ave.

20. FILED AUG 25 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1928, to Aug 23, 1937.

I last saw her alive on Aug 23, 1937. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
mitral insufficiency	Jan 28
myocardial failure	2 yrs

Other contributory causes of importance:
Diabetes mellitus front in 1928

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Otto A Fritzsche M. D.

(Address) 1 Wyndcroft Baltimore

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 38526

175

15-1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emmett Banks.(c)

(a) Residence: No. 1643 N. Vincent St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of ~~XXXXXXXXXX~~ Edith Banks.(c)

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	-----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Saxe, Va.

FATHER

13. NAME Edgo Banks.(c)

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME Virginia Bacon.(c)

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Edith Banks.(c) wife.
(Address) 1643 N. Vincent St.

18. BURIAL, CREMATION, OR REMOVAL
Place Brake Branch Va Date aug 26 1937

19. UNDERTAKER George S. Wilson
(Address) 1302 Pennsylvania Ave

Huntington Williams

H

AUG 25 1937

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, and from the evidence obtained by autopsy & inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laceration of the brain	
Fracture of the skull, struck on the head with a brick. 8/20/37	
Homicide.	

Other contributory causes of importance:

Was an operation performed? Yes Date of 8/21/37

For what disease or injury? Fracture of the skull.

Name of operation Trephine Date of 8/21/37

What test confirmed diagnosis autopsy & inquest Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Homicide Date of injury 8/20/37

Where did injury occur? West & China Sts.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public street.

Manner of injury Struck on head with brick.

Nature of injury Fracture of the skull.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

8/23/37 (Signed) Wm. M. Leonard M. D. Coroner

(Address) 1017 S. Charles St.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 38527

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38527

CERTIFICATE OF DEATH

181

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 1872

CITY OF BALTIMORE: (No. Bay View St., 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 23 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice D. Phillips — If U. S. Veteran specify WAR .....

(a) Residence: No. 1018 Mc Donough St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Wildred Phillips

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Edna Holloway

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mildred Phillips (Mother)
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Arlington Cem. Date Aug 26 1937

19. UNDERTAKER W. S. Elliott - daughter
(Address) 1129 E. Baltimore St.

20. FILED ..... 19 ..... Registrar

UG 25 1937

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scalded fell backward in a tub of hot water	July 23-1937
Renal Failure	

Other contributory causes of importance:
No history

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 23 1937
Where did injury occur? 1018 Mc Donough St.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Fell backwards in a tub of hot water.
Nature of injury Scalded.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood Coroner M. D.
(Address) 1712 N. Broadway

F 38528

38528 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1. PLACE OF DEATH East Baltimore General Hospital — Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St., 16 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 1 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Joseph Morse Van Sant Jr — If U. S. Veteran specify WAR ____

(a) Residence: No. 13 E Eden St. — St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 12/27-1909.

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
27	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as engineer, sawyer, bookkeeper, etc. Asbestos Sheeter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Morse Van Sant

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Alice Elizabeth Norton

16. BIRTHPLACE (city or town) (State or country) Boston Mass

17. INFORMANT Joseph Van Sant Jr

(Address) 13 E Eden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date 8/28/37 19

19. UNDERTAKER Frank H. Handle

(Address) Pikesville Md.

20. FILED ____ 19 ____ Registrar

AUG 2 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23- , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ____ find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	8/20

Other contributory causes of importance:

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/20 1937

Where did injury occur? McDonogh Sch. Reisterstown (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury Ran into Parked Truck

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? If so, specify ____

(Signed) Hubert Bailey Pate, M. D.

(Address) 907 N Charles St Coroner

INFORMATION: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38529

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38529

CERTIFICATE OF DEATH

36

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Baltimore St. 13-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 7 yrs. ..... mos. ..... ds.

2. FULL NAME Abraham Blattner

If U. S. Veteran specify WAR .....

(a) Residence: No. Clarendale Apts. - Balto. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith H. Blattner

6. DATE OF BIRTH (month, day, year) July 11th 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Jacob Blattner

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Lina Glick

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs. A. Blattner

(Address) Clarendale Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Bnai Israel Cem. Date Aug 26 1937

19. UNDERTAKER Harry Sondheim & Son

(Address) 1202 Eutaw Place.

20. FILED AUG 25 1937 Huntington Nitterauer

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/24/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 8/11/37 . 19 ..... to 8/24/37 . 19 .....

I last saw h.e alive on 8/24/37 . 19 ..... Death is said to have occurred on the date stated above, at 7:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcus Septicemia	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Bld. Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elliot Wiedeman M. D.

(Address) Sinai Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Burdych)

E 38530

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38530

CERTIFICATE OF DEATH

36

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. Ward) 5

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Burdych

If U. S. Veteran specify WAR

(a) Residence: No. 207 S. Madeira St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 11, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John A. Burdych

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Marie Slovik

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mother

(Address) 207 S. Madeira

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Aug. 27, 1937

19. UNDERTAKER Fred W. Ozarowski

(Address) 1930 Eastern Ave.

20. FILED AUG 25 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-24-1937

22. I HEREBY CERTIFY, That I attended deceased from 8-20-, 1937 to 8-24-, 1937

I last saw h[illegible] alive on 8-24-1937 Death is said to have occurred on the date stated above, at 11 05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcus septicemia	8-14
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. M. Wagheistein M. D.

(Address) Sydenham Hosp.

H

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dunschot

✓ F 38531

38531 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 W. Fayette St., 19-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 36 yrs. ..... mos. ..... ds.

2. FULL NAME Ursula Dunscholtz

If U. S. Veteran specify WAR .....

(a) Residence: No. 1319 W Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adam Dunscholtz

6. DATE OF BIRTH (month, day, year) June 15. 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Jos. Bridgas

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Agnes Grageliu

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Adam Dunscholtz

(Address) 1319 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Longfellow Date Aug 27 1937

19. UNDERTAKER Raymond C. Hall

(Address) 121 E. West St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/5 1937 to 8/24 1937

I last saw her alive on 8/24 1937 Death is said to have occurred on the date stated above, at 10:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	8/24
Other contributory causes of importance: Angina Pectoris	6/5/37

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Joseph R. Lauckaitis M. D.

(Address) 679 Washington Blvd

AUG 25 1937

Huntington Hospital

H

INSTRUCTIONS: Fill in all items, using ink. Be accurate, complete and legible. Use terms that will be understood by the laity. Do not abbreviate. Write plainly with pen and ink. Do not use pencil. Do not leave any blanks, but write "unknown" or "none" where the answer to any item is not known or does not apply. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

38532 ✓ E 38532

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25831 157-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 20-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Homens

If U. S. Veteran specify WAR .....

(a) Residence: No. 3116 Strickland St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-13-37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Harry Homens

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Estella Young

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 8/27/37

19. UNDERTAKER Bernard C Haase
(Address) 121 E. West St.

20. FILED AUG 25 1937 Huntington Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/25/37

22. I HEREBY CERTIFY, That I attended deceased from August 13, 1937, to August 25, 1937

I last saw him alive on August 25, 1937. Death is said to have occurred on the date stated above, at 6:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Atelectasis	8/24/37
	acute
Other contributory causes of importance:	
Ruptured portion of Abdominal Wall.	8/24/37

Was an operation performed? yes Date of Aug 23/37

For what disease or injury? Ruptured Abdominal Wall

Name of operation Plastic repair Abdominal Wall

What test confirmed diagnosis? clinical. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Charles L. Goodland, M. D.

(Address) Balto. City Hospitals

INFORMATION should be carefully supplied. NOTE should be taken that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38533

CERTIFICATE OF DEATH

49-a F 38533

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4401 Fern Hill Ave (Street) (Ward) 25-1

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E Ruggles

If U. S. Veteran specify WAR .....

(a) Residence: No. 4401 Fern Hill Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: widowed (George)

6. DATE OF BIRTH (month, day, year): June 26 - 1876

7. AGE: Years 61 | Months 1 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Harrods Creek Ky

FATHER

13. NAME: Michael D. Frederick

14. BIRTHPLACE (city or town) (State or country): Louisville Ky

MOTHER

15. MAIDEN NAME: May Carroll

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Jos M Frederick
(Address) 4401 Fern Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Parkwood Date: Aug 27 '37

19. UNDERTAKER: William Cook
(Address) 1217 St Paul St

20. FILED: AUG 25 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-2-37, 19..., to 8/27, 1937

I last saw h... alive on 8/24/37, 19... Death is said to have occurred on the date stated above, at 1:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdominal cancer	
Papillary carcinoma both ovaries	Mar. 1937

Other contributory causes of importance: Intestinal obstruction

Was an operation performed? yes Date of 5/8/37

For what disease or injury? .....

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? clinical and autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Reuben E Eagle M.D.

(Address) 9 W. Chas St

Instructions: CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 38534

38534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 11-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Louise Cason

(a) Residence: No. 1215 Park ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Infant

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Infant

6. DATE OF BIRTH (month, day, year) July 15 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Percy Cason

14. BIRTHPLACE (city or town) (State or country) S C

MOTHER

15. MAIDEN NAME Pearline Covington

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Pearline Cason

(Address) 1215 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date AUG 25 1937

Commissioner of Health

Per H. A. Moore

19. UNDERTAKER

(Address) Livingston Williams, Inc.

(Licensed Embalmer)

AUG 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/1/37, 19 .. to 8/23/37, 19 ..

I last saw her alive on 8/23, 19 37 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset 7/16/37

Other contributory causes of importance:

Diarrhea — 4 da.

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Irving Freeman, M. D.

(Address) University Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3411

✓ F 38535

F 38535 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 27-18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Coley

(a) Residence: No. 4905 Park Heights Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/18/37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Chas. H. Coley

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Rose Grossman

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT C. H. Coley

(Address) 4905 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date AUG 25 1937

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address) Huntington Ave

20. FILED AUG 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/18, 1937 to 8/21, 1937

I last saw h[illegible] alive on 8/21, 1937 Death is said to have occurred on the date stated above, at 9 05 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 7 months	3 days
	8/18

Other contributory causes of importance:

Was an operation performed? Yes Date of .....

For what disease or injury? .....

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. Emmett Wallace, M. D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 25 1937

3442

E 38536

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38586

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3200 White ave St. 27-4 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edna E. Madary

If U. S. Veteran specify WAR

(a) Residence: No. 3200 White ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anthony S. Madary

6. DATE OF BIRTH (month, day, year) 11-3-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME Joseph Snyder

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna E. Wolf

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ruth E. Gilbert

(Address) 3200 White ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 8/26 1937

19. UNDERTAKER Leonard Funeral Home

(Address) 1201 Hanford Rd

(Filed) AUG 25 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/24 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1937 to August 23 1937

I last saw h alive on August 23 1937 Death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Sigmoid Colon	1936
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Fritz J. Kimzey M. D.

(Address) Hanford & Cabot

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

V E 38537

38537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 54 S. Luzer St. W. 20-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence In city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H. Mitchell

(a) Residence: No. 54 S. Luzer St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Sarah E. Mitchell

6. DATE OF BIRTH (month, day, year) Sept 3 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Wagstrum

(Address) 54 S. Luzer St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 8/27 1937

19. UNDERTAKER Leonard J. Heck

(Address) 5305 Belair Rd.

20. FILED AUG 25 1937 Huntington Williams (M.D.) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24 1937

22. I HEREBY CERTIFY, That I attended deceased from April 30 1930 to August 24 1937

I last saw him alive on August 24 1937. Death is said to have occurred on the date stated above, at 8.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal disease	1930
Cerebral Embolus.	Aug 24, 1937

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliot W. Johnson M. D.

(Address) 343 Fremont Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38538

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38538

137

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Jacob H. Greenberg

(a) Residence: No. 3703 Bonner Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Late Sarah Rosh.

6. DATE OF BIRTH (month, day, year) 1846

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	91			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Europe

FATHER

13. NAME Solomon Greenberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Chesna ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Solomon Greenberg,
(Address) 3501 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rodeph Shom Date Aug 26 1937

19. UNDERTAKER A. Levinson Bro
(Address) 1129 E Baltimore St

20. FILED AUG 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-25-1937

22. I HEREBY CERTIFY, That I attended deceased from 8-12-1937 to 8-25-1937

I last saw him alive on 8-25 1937. Death is said to have occurred on the date stated above, at 7:38 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign prostatic hyper-trophy with retention - Acute uremia due to loss of kidney function	
Other contributory causes of importance: Senility	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Elliot Michelson, M. D.

(Address) Sinai Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 38539

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38539

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 9-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Sarah Hungerford

(a) Residence: No. 811 Bonaparte St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOWED

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 29, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Aug 1/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ONTARIO, CANADA

FATHER

13. NAME OSCAR COLE

14. BIRTHPLACE (city or town) (State or country) ONTARIO CANADA

MOTHER

15. MAIDEN NAME JENNIE LAMBERT

16. BIRTHPLACE (city or town) (State or country) ONTARIO CANADA

17. INFORMANT Hallie Hungerford

(Address) 811 Bonaparte Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Abingdon Md. Date Aug 25 1937

19. UNDERTAKER Howard K McComas

(Address) Abingdon Md

20. FILED AUG 25 1937 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/25 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/4/37 1937, to 8/25 1937

I last saw her alive on 8/25 1937 Death is said to have occurred on the date stated above, at 4:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) CARCINOMA of SIGMOID	?
(2) ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE	
(3) CACHEXIA	
Other contributory causes of importance:	

Was an operation performed? YES Date of 8/4/37

For what disease or injury? CARCINOMA OF SIGMOID

Name of operation CECOSTOMY, LAPAROTOMY

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) Raymond Egan M. D.

(Address) Mercy Hospital

Information should be carefully supplied. All items must be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

38540 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 38540

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 Hollins St. 19-H Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George G. Kenney

If U. S. Veteran specify WAR .....

(a) Residence: No. 1614 Hollins St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude C Kenney

6. DATE OF BIRTH (month, day, year) June 14 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O RR

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stonebreaker Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Winchester Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Winchester Va

17. INFORMANT Francis Kenney

(Address) 1614 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Va Date 8/27 1937

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins Sts

... 19... Registrar

Aug 26 1937 Lexington Baltimore, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1937 to Aug 25, 1937

I last saw him alive on Aug 24, 1937. Death is said to have occurred on the date stated above, at 10 30 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Coronary Occlusion	2 mos

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) H. F. Ernshaw, M. D.

(Address) Reisterstown, Md

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38541

F 38541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 N. Pine St. 17th Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George A Bowen

(a) Residence: No. 509 N. Pine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 24, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper

9. Industry or business In which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Brown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lousianna Brown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Katie Brown
(Address) 339 Bloom st

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Aug 27, 1937

19. UNDERTAKER George H. Nelson
(Address) 1203 Carrstown st

[illegible] Huntington Williamsport Md

AUG 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24th, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 8th, 1937, to Aug 23rd, 1937

I last saw him alive on Aug 23rd, 1937. Death is said to have occurred on the date stated above, at 4.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Cirrhosis	

Other contributory causes of importance:

Operation

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. H. Lauenstein M. D.

(Address) 2215 N. Howard Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate

F 38542

HEALTH DEPARTMENT--CITY OF BALTIMORE

F 38542

92-a

CERTIFICATE OF DEATH

16-1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1129 N. Mount St., Ward)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Jones

(a) Residence: No. 815 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christina Jones

6. DATE OF BIRTH (month, day, year) May 4 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer yard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Petersburg VA

FATHER

13. NAME John Jones

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Margret King

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Christina Jones

(Address) 815 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Date Aug 26 1937

19. UNDERTAKER Lloyd D. Nelson

(Address) 1303 Pulaski st

21. FILED Aug 26 1937 Registrar Baltimore, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-24-1937

22. I HEREBY CERTIFY, That I attended deceased from 8-18, 1937, to 8-23, 1937.

I last saw h alive on 8-23, 1937. Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoralis — Date of onset 8-18-37

Other contributory causes of importance:

Endocarditis + arteriosclerosis — unknown

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frank A. Saunders M. D.

(Address) 1029 N. Stricker St.

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

38543

F 38543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 E. 29th Street St., 9-6 Ward)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME ELIZABETH GRANRUTH

(a) Residence: No. 1720 E. 29th Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph S. Granruth

6. DATE OF BIRTH (month, day, year) Sept. 14, 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Jacob Heiger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ? Rupp

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Walter Granruth
(Address) 1720 E. 29th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date Aug. 28, 1937

19. UNDERTAKER Wm Ellerth & Son Ellerth
(Address)

19 Registrar

AUG 26 1937 Lington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1937, to Aug 24, 1937

I last saw her alive on Aug 24, 1937. Death is said to have occurred on the date stated above, at 7:35 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Aug 17 1937

Other contributory causes of importance: Arterial hypertension

Was an operation performed? No Date of

For what disease or injury?

Name of operation No

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fritz J. Krauser M. D.

(Address) 2700 Harford Road

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

38541 HEALTH DEPARTMENT—CITY OF BALTIMORE 38541

CERTIFICATE OF DEATH

Registered No. 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6510 Cleveland Ave. Ward) 37 Hdqrs. 6-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emelia C Bennett If U. S. Veteran specify WAR

(a) Residence: No. 6510 Cleveland Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Earl H Bennett

6. DATE OF BIRTH (month, day, year) 3/29/1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	4 5	27 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME Berent Olsen

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Bessie Rasmussen

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Earl H Bennett

(Address) 6510 Cleveland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pine Lawn Date Aug. 26. 1937

19. UNDERTAKER John Ulrich & Sons

(Address) 1000 Eastern Ave

20. FILED 19 Registrar

AUG 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23. 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1934 to Aug 23. 1937

I last saw her alive on Aug 23 1937 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with Malignant Hypertension	8/18/34
Other contributory causes of importance: Acute Dilatation of Heart	8/23/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Arr. Reier M. D.

(Address) Dundalk Md.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38545

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38545

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310-W-Lanvale St. 11-4 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred about 75 yrs. - mos. - ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME William Penrose

If U. S. Veteran specify WAR NONE

(a) Residence: No. 240-W-Lanvale St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rhoda A. Penrose

6. DATE OF BIRTH (month, day, year) 6/16/1862

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	75	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lawyer

10. Date deceased last worked at this occupation (month and year) February - 1935

11. Total time (years) spent in this occupation 44 +6yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Elishin F. Penrose

14. BIRTHPLACE (city or town) (State or country) York Co. - Penna.

MOTHER

15. MAIDEN NAME Susan Russell

16. BIRTHPLACE (city or town) (State or country) (Near) Frederick, Md.

17. INFORMANT Mrs. Rhoda A. Penrose (Wife)
(Address) Garrison Forest School, Garrison - Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Friends Burying Ground Date Aug. 26, 37

19. UNDERTAKER Stewart & Mowen Company
(Address) 108 - N - North Ave.

20. FILED ... 19... Registrar

AUG 26 1937 Washington Williamsport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 28 1936 to Aug 24 1937

I last saw him alive on Aug. 17 1937. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Renal Vascular Disease Uremia	
Other contributory causes of importance Cerebral Hemorrhage	3 Mos

Was an operation performed? No Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? Exam of Urine & B.P. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? / Date of Injury ... 19...

Where did injury occur? /
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place /

Manner of injury /

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. Dos Passos M. D.

(Address) 705 Med. Arts Bldg.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38546

332749

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38546

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital

Registered No.

CITY OF BALTIMORE: (No. 6-5 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edmond Gilmore

If U. S. Veteran specify WAR

(a) Residence: No. 107 N. Bond St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/1/13

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Work. 1021

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Reilly Gilmore

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Minnie Downey

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records.
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Sanford N C Date Aug 27 1937

19. UNDERTAKER Robert E Williams
(Address) 1515 McElderry St

20. FILED 19 Registrar.

AUG 26 1937 Washington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1937, to Aug. 24, 1937

I last saw him alive on Aug. 24, 1937. Death is said to have occurred on the date stated above, at 11 P. M.

The principal cause of death and related causes of importance were as follows:

	(?) Date of onset
3 Hemolytic Streptococcus Septicemia	8-4-37
2 Cellulitis - metastatic +	
Lobar Pneumonia 2	
Pleural Effusion	
Other contributory causes of importance:	over

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Culture Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Walter B. Bush, M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38547

38547 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4207 St. Paul St., 27-11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rose A. Getz

(a) Residence: No. 4207 St Paul St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 23, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John M. Getz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Rebecca Burgan

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT (Address) Mrs. Edw. A. Donnelly 4207 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Aug. 27, 1937

19. UNDERTAKER (Address) Rita Wiedefeld 914 Greenmount Ave.

20. FILED ... 19 ... Registrar.

AUG 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25th, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1936, to August 24th, 1937.

I last saw her alive on Aug 24th, 1937. Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

CEREBRAL HEMORRHAGE — Date of onset .....

Other contributory causes of importance:

DIABETES

ARTERIOSCLEROSIS

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Thomas L Stokesser, M. D.

(Address) 3801 N Charles St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38548

CERTIFICATE OF DEATH

F 38548

Registered No. 205

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2604 Frederick Ave. St., 20 Ward)

Length of residence in city or town where death occurred 30 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Viva M. Geiselman.

(a) Residence: No. 2655 Frederick Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~XXXXXXXXXX~~ (or) WIFE of Charles E. Geiselman.

6. DATE OF BIRTH (month, day, year) April 3, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

FATHER

13. NAME Rufus Appelbey.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Martha. -------

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Charles E. Geiselman. (husband)

(Address) 2655 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Aug 27, 1937

19. UNDERTAKER Geo. A. Schwab

(Address) 2121 Frederick Ave.

20. FILED AUG 28 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquiry (Inquest, Autopsy or Inquiry) and that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) [illegible] M. D.
Coroner

8/25/37 (Address) 1017 S. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38549 CERTIFICATE OF DEATH F 38549

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 17-2

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Townsend (21120)

(a) Residence: No. 595 Oxford St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 15, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Car.

FATHER

13. NAME Tom

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Penny

16. BIRTHPLACE (city or town) (State or country) S. Car.

17. INFORMANT HospitalRecords
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date Aug 26 37
Place Mt. Auburn

19. UNDERTAKER Joachim Halsted
(Address) 28 Blue Hill Ave.

(Date received) AUG 26 1937 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 15, 1937 to August 22, 1937

I last saw him alive on August 22, 1937. Death is said to have occurred on the date stated above, at 9:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Dec 1936

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) L. M. Curtis M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VE 3

F 38550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 38550

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton 2561 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Green

If U. S. Veteran specify WAR

(a) Residence: No. 15 Selma Ave. Halethorpe, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 26, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John F. Green

14. BIRTHPLACE (city or town) (State or country) Farmington Conn.

MOTHER

15. MAIDEN NAME Rose Calvert

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hosp Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date Aug. 26, 1937

19. UNDERTAKER Frederick G. Dale

(Address) 1250 W. Lombard St.

20. FILED AUG 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1937 to ... 19...

I last saw him alive on Aug. 26, 1937. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) Karl F. Meek M. D.

(Address) St. Agnes' Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 3

Edward Durrington

F 38551 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 38551

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1211 N. Gilmore St. 15-1 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Durrington
If U. S. Veteran specify WAR .....

(a) Residence: No. 1626 N. Gilmore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hilda Durrington

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lafolette Charleston W.Va

FATHER

13. NAME Thomas Durrington

14. BIRTHPLACE (city or town) (State or country) Charleston W.Va

MOTHER

15. MAIDEN NAME Laura ?

16. BIRTHPLACE (city or town) (State or country) Charleston W.Va

17. INFORMANT Hilda Durrington
(Address) 1626 N. Gilmore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Aug 26, 1937

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Edwards St.

20. FILED 19 Huntington Williams
AUG 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 21. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described hereon and from the evidence (Inquest, Autopsy or Inquiry) and that said deceased came to (Inquest, Autopsy or Inquiry) death on the day stated above. 5:40 P.M.

The principal cause of death and related causes of importance were as follows:

TB & Carditis, — Date of onset .....

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) A. Hays Caruso Coroner M. D.

(Address) 1215 Hanover

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38552

CERTIFICATE OF DEATH

46-F F 38552

1. PLACE OF DEATH Lewndale

CITY OF BALTIMORE: (No. Hebrew Home for Aged St. 7 Ward 17)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Yetta Lipman

If U. S. Veteran specify WAR .....

(a) Residence: No. Belvedere & Freemason St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Moses

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig Stallaert, Supt

(Address) Belvedere & Freemason Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Carroll Date 8/26/37

19. UNDERTAKER Sol Levy Sons

(Address) 1432 E. Baltimore St.

Registrar.

AUG 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-16, 1931, to 8-26, 1937

I last saw h[illegible] alive on 8-25, 1937 Death is said to have occurred on the date stated above, at 7.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of head of pancreas	
Other contributory causes of importance:	
Chr. Bronchitis	

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wedmund Levin, M. D.

(Address) Lewndale

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38553

CERTIFICATE OF DEATH

V11-a F 38553

1. PLACE OF DEATH South Baltimore General Hosp. Registered No.....

CITY OF BALTIMORE: (No.....St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Grab

If U. S. Veteran specify WAR .....

(a) Residence: No. 2816 Elliott St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year) May 12, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	18	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Parker Packing Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Grab.

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Ruth Crist

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Gertrude Elephant.
(Address) 2816 Elliott St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Date Aug 27, 37

19. UNDERTAKER John F. Mraz
(Address) 3000 E. Balto St.

20. AUG 26 1937 Lynton Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-24, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/22, 1937, to 8/24, 1937

I last saw him alive on 8/24, 1937 Death is said to have occurred on the date stated above, at 6.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	8/17/37
Influenzal bronchopneumonia - bilateral	8/18/37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Louis J. Krall M. D.

(Address) South Balto. Gen. Hosp.

F 38554

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38554

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 11-4 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rudolph Hicks (22651)

If U. S. Veteran specify WAR .....

(a) Residence: No. 907 Jordan St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther

6. DATE OF BIRTH (month, day, year) September 4, 1900

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	36	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car.

FATHER

13. NAME Oliver

14. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER

15. MAIDEN NAME Catherine Davis

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date 8/28 1937

19. UNDERTAKER Joseph V. Locke & Son
(Address) 1321 Jefferson St.

20. FILED AUG 26 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1937 to August 24, 1937

I last saw him alive on August 24, 1937. Death is said to have occurred on the date stated above, at 9:15 m. P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs — Date of onset Jan 1937

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. M. Curtis M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

38555 F 38555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2328 O'Dalo Ave St. 5-5 Ward)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Anna Poland

(a) Residence: No. 2328 O'Dalo Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sherman

6. DATE OF BIRTH (month, day, year)

7. AGE: 65 Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Abraham

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Celia

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Mr. Malofsky

(Address) 2328 O'Dalo Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Wash. Boulevard 8/26 1937

19. UNDERTAKER: Jack Lewis Inc

(Address) 1739 E. Dalto St

20. FILED ... 19... Registrar

AUG 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1937, to Aug 26, 1937

I last saw her alive on Aug 26, 1937. Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis,	
Nephritis acu	

Other contributory causes of importance: Oedema generalized

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Abraham Schapiro, M. D.

(Address) 2028 Eutaw Place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

38556

✓ F 38556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-C

1-PLACE OF DEATH

City of BALTIMORE: (No. 2812 Maryland Ave. St. 12-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Margaret A. Cunningham

(a) Residence No. 2812 Maryland Ave. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. -- mos. --- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Edw. J. Cunningham

6-DATE OF BIRTH (month, day and year): -------

7-AGE: About 80 yrs. -- mos. -- ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer: .....

9-BIRTHPLACE (city or town): -------
(State or Country): New Jersey

PARENTS.

10-NAME OF FATHER: James Madden

11-BIRTHPLACE OF FATHER (city or town): ------
(State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Catherine ------

13-BIRTHPLACE OF MOTHER (city or town): ------
(State or Country): Ireland

14- (Informant) Rev. Walter F. Cunningham
(Address) 2812 Maryland Avenue

15- AUG 25 1937 Registrar. Livingston Williams, M.D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): August 25/37

17- I HEREBY CERTIFY, That I attended deceased from March 24 1935 to August 25, 19 37, that I last saw her alive on August 25 19 37, and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) .....yrs. 1 mos. .....ds.

CONTRIBUTORY (Secondary): Broncho Pneumonia
Myocarditis

(Duration) .....yrs. 4 mos. .....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? Usual

(Signed) Edw. C. Hammar, M. D.

19 (Address) 4704 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 8/28, 19 37

20-UNDERTAKER: Henry U. Meatrson

ADDRESS: 805 N. Calvert St

Should be carefully supplied. Exact statement of OCCUPATION is very important. See in plain terms, so that it may be properly classified. instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38557

CERTIFICATE OF DEATH

48 F 38557

Registered No.

1-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2212 Gough Street St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Meyers

If U. S. Veteran specify WAR

(a) Residence: No. 2212 Gough Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Meyers

6. DATE OF BIRTH (month, day, year) June 12, 1901.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Vincent Jaskolski

14. BIRTHPLACE (city or town) (State or country) Posen, Poland

MOTHER

15. MAIDEN NAME Tekla Lewandowski

16. BIRTHPLACE (city or town) (State or country) Posen, Poland.

17. INFORMANT Mrs. Anastasia DeBald

(Address) 332 S. Patterson Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cem Date 8/27/37, 19

19. UNDERTAKER M. F. Sadowski & Sons

(Address) 1818 Eastern Ave.

AUG 26 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1937, to Aug 24, 1937

I last saw her alive on Aug 24, 1937. Death is said to have occurred on the date stated above, at 10A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA of UTERUS	about 6 mos

Other contributory causes of importance:

CARDIAC EXHAUSION

Was an operation performed? no Date of —

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? EXAM Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. A Weinstock M. D.

(Address) 713 August 1st

OCCUPATION is very important. See instructions on back of certificate.

F 38558 #25228 SF

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38558

CERTIFICATE OF DEATH

51-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Bowser

(a) Residence: No. 1041 W. Mulberry St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married (sep.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charlotte

6. DATE OF BIRTH (month, day, year) 10/2/1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elsie Smallwood

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Calvary Cem Date Aug 26 37

19. UNDERTAKER Bernard Abernathy
(Address) 818 Druid Hill Ave.

20. FILED ..... 19..... Registrar.

AUG 26 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-23 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-23 1937 to 8-23 1937

I last saw him alive on 8-23 1937. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows: Date of onset

Carcinoma of Prostate Sword Worthy
with metastasis Questionable

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 38559 ✓ F 38559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56-11 92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 S. East Ave., St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Freund

If U.S. Veteran specify WAR ...

(a) Residence: No. 1105 S. East Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Freund

6. DATE OF BIRTH (month, day, year) Jan. 20, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Christian Biertz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hannah Reitemeyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Andrew Freund
(Address) 1105 S. East Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Aug. 28 1937

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St.

20. Filed AUG 26 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1930. to Aug 25, 1937.

I last saw h er alive on Aug 25, 1937. Death is said to have occurred on the date stated above, at 9:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency.	1904?
Chr. Myocarditis	1904?

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. J. Davidson M. D.

(Address) 3225 Eastern Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38560

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38560

CERTIFICATE OF DEATH

122-A

Registered No. 10-5

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. West Balt. Gen. Hosp. Ward) 10-5
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Emma Wells Sheppard. If U.S. Veteran specify WAR None

(a) Residence: No. 2662 Wilkins Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. J. Sheppard.

6. DATE OF BIRTH (month, day, year) Dec. 7, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	8	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Zachariah Wells
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Rachel Minetta
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. L. O. Pearson.
(Address) 2646 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Aug. 28- 1937

19. UNDERTAKER Charles J. Schubel.
(Address) 505 N. Monroe St.

Entry Number 4

AUG 25 1937

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 25 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/23/ 1937 to 8/25 1937
I last saw h.er alive on Aug. 24 1937 Death is said to have occurred on the date stated above, at 7.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	8/23/37
Uremia	over 1
Diabetes Mellitus	
Congestive Heart Failure	
Other contributory causes of importance:	
Artery of strangulated hernia	8/20/37

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? X Chemical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Milton Levin M. D.
(Address) WBJH

333504

F 38561

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38561

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

87-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7-7 St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin Hesner

If U. S. Veteran specify WAR .....

(a) Residence: No. 612 N Port St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara

6. DATE OF BIRTH (month, day, year) 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick Burner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brick Yard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Benj. Hesner

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Martha Kissling

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Hazel Cem. Date Aug. 27/37

19. UNDERTAKER John L. Miller

(Address) 2334 Jefferson St.

AUG 26 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25. 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 21 1937 to Aug 25 1937

I last saw him alive on Aug 25 1937 Death is said to have occurred on the date stated above, at 7:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	(Aug 21/37
Generalized Arteriosclerosis	10 yrs?
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elizabeth H. Wright M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

O.K. Paul Rheuban, M.D.

F 38562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-2

F 38562

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 33 N. Belnord Ave. St., 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Hunger

If U. S. Veteran specify WAR

(a) Residence: No. 33 N. Belnord Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oscar Hunger

6. DATE OF BIRTH (month, day, year) Mar. 8-1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Hoech

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Oscar Hunger

(Address) 33 N. Belnord Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Aug. 28/37

19. UNDERTAKER John J. Muller

(Address) 2334 Jefferson St.

20. FILED AUG 26 1937 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1937 to Aug. 24, 1937

I last saw her alive on Aug. 24, 1937. Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull and Internal Hemorrhage	8/7/37
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide~~, or ~~homicide~~? Date of Injury 8/7, 1937

Where did Injury occur? Balto Md.
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place at home

Manner of Injury fell down stairs

Nature of Injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul J. Feiser M. D.

(Address) 2007 E. Fayette St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

Sallie J. Mason

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38563

CERTIFICATE OF DEATH.

F 38563

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. John Hopkin's Hosp. St., 7-3 Ward)

2-FULL NAME Sallie J. Mason

(a) RESIDENCE NO. 2316 E. Madison St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 3-1868

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min.
	69	6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER George Mason

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Margaret Button

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant William B. Mason

(Address) 2316 E. Madison St

Huntington Williamsport, Md.

Registrar

AUG 24 1937

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 25-1937 192

17 I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(duration) about 6 hrs. yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Struck by Auto Helen Bailey M. D.

(Coroner)

8/26 1937 (Address) 907 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Struck by Auto while crossing street on Pedestrian Park between Monument & Madison St

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

Date of Burial Aug. 27 1937

20 UNDERTAKER John A. Miller

ADDRESS 233 Jefferson St.

don should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38564

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38564

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 16-10 Ward.)

CGK-25435 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chester Thurlow

If U. S. Veteran specify WAR

(a) Residence: No. 229 S. East Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced HUSBAND of ~~(OR) WIFE~~ Sophie Thurlow

6. DATE OF BIRTH (month, day, year) May 26, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
77	76	14 2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass.

FATHER

13. NAME Jessie

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Mary Disney

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMANT Records of Balto. City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem. Date Aug 27, 1937

19. UNDERTAKER H. Lander Sons Inc
(Address) 1710 Eleet St

20. FILED ..., 19... Registrar.

AUG 26 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1937, to August 24, 1937.
I last saw him alive on August 24, 1937. Death is said to have occurred on the date stated above, at 6.00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. L. de Santelle M. D.

(Address) Baltimore City Hospitals

2802 Harford Ave

38565

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38565

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1943 E. 31st St., 9-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ~~months~~ How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME James W. Tuttle

If U. S. Veteran specify WAR .....

(a) Residence: No. 1934 E. 31st St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Anna Tuttle

6. DATE OF BIRTH (month, day, year) June 4, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Print Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) 10 years ago. 11. Total time (years) spent in this occupation 42 years

12. BIRTHPLACE (city or town) (State or country) Newark N. J.

FATHER

13. NAME John H. Tuttle

14. BIRTHPLACE (city or town) (State or country) Whippany New Jersey

MOTHER

15. MAIDEN NAME Phoebe Searing

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Marion Conzer Daughter

(Address) 1933 E. 31st St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date April 27th 1937

19. UNDERTAKER H. Sander & Sons Inc

(Address) 1710 Eutaw St

20. FILED ..... Registrar.

APR 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-16-, 1936 to 8-24-, 1937

I last saw him alive on 8-23-, 1937 Death is said to have occurred on the date stated above, at 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	Indefinite
Other contributory causes of importance:	
Chronic cardio-vascular-renal disease	Indefinite

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Geo. B. Sylvester M. D.

(Address) 2807 Harford Ave

OCCUPATION is very important. See instructions on back of certificate.

38566
33325-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38566

✓ 45-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 1-25 (Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Wyatt

(a) Residence: No. 22 S. Hecker St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Theresa

6. DATE OF BIRTH (month, day, year) 4/6/85

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6186

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Wm Wyatt

14. BIRTHPLACE (city or town) (State or country) Va -

MOTHER

15. MAIDEN NAME Virginia Lance

16. BIRTHPLACE (city or town) (State or country) Va -

17. INFORMANT Records - JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Aug 30 1937

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 E. Wolfe St.

AUG 27 1937 [illegible], MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1937 to Aug 26, 1937

I last saw him alive on Aug 24, 1937 Death is said to have occurred on the date stated above, at 2 08 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lip	1931.
Metastases in neck.	1934
Hemorrhage from neck.	1937
Other contributory causes of importance:	
Secondary infection.	1937

Was an operation performed? Yes Date of March 1937.

For what disease or injury? Metastases in neck.

Name of operation Excision metastatic carcinoma, neck

What test confirmed diagnosis? Micro-scopic. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Davis H. Sprong Jr. M. D.
(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 38567

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38567

CERTIFICATE OF DEATH 25300 (MB)

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Nanny Smith

(a) Residence: No. 1414 N. Bethel St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard

6. DATE OF BIRTH (month, day, year) ? Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Cask Franks (d)

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Emma ? (d)

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date Aug 28 1937

19. UNDERTAKER Mrs. R. A. Elliott Daughter

(Address) 1629 N. Carrollton Ave.

20. FILED ..... 19 ..... Registrar

AUG 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-24 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-26 1937 to 8-24 1937

I last saw her alive on 8-23 1937. Death is said to have occurred on the date stated above, at 6:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	?
Tuberculosis peritonitis	?
Other contributory causes of importance:	

Was an operation performed? Yes Date of 8/23/37

For what disease or injury? Tuberculous peritonitis

Name of operation Exploratory laparotomy

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. K. Woodward, Jr. M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

3335-5-6
38568

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38568

V13-B

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.....St., 3-1 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Calternmi Makin

(a) Residence: No. 1614 E. Pratt St., 1st Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/27/36

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Lucrecia Cornes

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rose Vaughn

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date Aug 27 1937

19. UNDERTAKER Mrs. B. A. Elliott Daughter

(Address) 1129 Caroline St

AUG 27 1937 Registrar, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1937 to Aug 27, 1937

I last saw her alive on Aug 23, 1937 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary Dysentery - Type undetermined	1 week

Other contributory causes of importance:

Was an operation performed?..... Date of.....

For what disease or injury?.....

Name of operation.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) James H. Haviland, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

38569

F 38569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4007 Belview Ave St., 15-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. McCutchan

(a) Residence: No. 4007 Belview Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew J McCutchan

6. DATE OF BIRTH (month, day, year) Sept 19 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	89	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rome Indiana

MOTHER FATHER

13. NAME William C. Drumb

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Amanda Stevens

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Della Lambert
(Address) 4007 Belview ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date Aug 28 1937

19. UNDERTAKER Maurice C. Syfer
(Address) 1600 W North Ave

20. FILED AUG 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/26 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/19 1937 to 8/26 1937

I last saw her alive on 8/26 1937 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrhage	8/24/37

Other contributory causes of importance:

Arteriosclerosis Hypertension	3

Name of operation None Date of

What test confirmed diagnosis? Symptomatic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address) 5902 Groveland Rd

OCCUPATION is very important. See instructions on back of certificate.

F 38570

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 333495
F 38570

CERTIFICATE OF DEATH

✓ 119

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 1-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Johanna Andrzyewska

If U. S. Veteran specify WAR .....

(a) Residence: No. 3131 Elliott St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/4/37

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	6 wks	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph Andrzyewski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Francis Dziwazowska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Aug. 27 19 37

19. UNDERTAKER Fred W. Grabowski
(Address) 1930 Eastern Ave.

20. FILED ..... 19 .....
Registrar

AUG 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1937, to Aug 26, 1937

I last saw her alive on Aug 26, 1937 Death is said to have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of Importance were as follows:

	Date of onset
mastoiditis	
Other contributory causes of importance:	
diarrhea — non specific Enteritis	

Was an operation performed? yes Date of 8-22-37

For what disease or injury? mastoiditis

Name of operation mastoidectomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) James H. Haviland M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38571

CERTIFICATE OF DEATH

95-B 8C

F 38571

1. PLACE OF DEATH Baltimore City Hospital — Registered No. 1877

CITY OF BALTIMORE: (No. Bay View St., 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Johnson — If U. S. Veteran specify WAR

(a) Residence: No. 2828 Bernard St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Johnson

6. DATE OF BIRTH (month, day, year) April 20-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Richard Johnson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Moore

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mary Johnston (Wife)

(Address) 2828 Bernard St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Hospital Aug 28, 1937

19. UNDERTAKER Ehrenfeld & Son

(Address) 3613 Chestnut Ave

20. FILED . 19 Registrar

Aug 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerotic heart disease	1936
Cardiac failure	July 1937

Other contributory causes of importance:

No history

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

F 38572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c F 38572

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs' Hospital) (Ward) 13-6

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James A. Bull

If U.S. Veteran specify WAR ...

(a) Residence: No. 820 W. 34th St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Bessie M. Bull.

6. DATE OF BIRTH (month, day, year) April 11, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brown Borkle

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George H. Bull

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Briggs

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Bessie M. Bull

(Address) 820 W. 34th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Aug 28, 1937

19. UNDERTAKER L. Hennegan & Son.

(Address) 365 Chestnut Ave

20. FILED AUG 27 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1937 to Aug 21, 1937

I last saw h-e alive on Aug 25, 1937 Death is said to have occurred on the date stated above, at 8 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Arteriosclerosis -	?

Other contributory causes of importance:

Chronic passive congestion of liver and abdominal organs.

Was an operation performed? No Date of —

For what disease or injury?

—

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — , 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W L Mazar M. D.

(Address) 2604 E Baltimore St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38573

CERTIFICATE OF DEATH

CGK--26024 95-B

F 38573

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 11-4 Ward)

Length of residence in city or town where death occurred Life yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Westley Parker

(a) Residence: No. 1125 Madison Ave. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 12-23-1874

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	63	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Food Checker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Parker

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Amelia Cuphus

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Calvary Cem. Aug 27 37

19. UNDERTAKER [illegible] 818 W. Fayette St.
(Address)

AUG 27 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 21, 1937, to August 23, 1937.

I last saw him alive on August 23, 1937. Death is said to have occurred on the date stated above, at 3:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1933
Other contributory causes of importance: Cerebral hemorrhage	8-13-37

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ...
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. A. Des Sautels, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38574

CERTIFICATE OF DEATH

93-C F 38574

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2323 E Federal St., 8-4 Ward)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Olga B. Bach

(a) Residence: No. 2323 E Federal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Bach

6. DATE OF BIRTH (month, day, year) Mar 25th 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Conrad Eckert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Eugene Bach

(Address) 2620 E Oliver St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Aug 28th 1937

19. UNDERTAKER Leo G. Krook

(Address) 1703 N Path Park Ave

AUG 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-21, 1937, to 8-26, 1937

I last saw her alive on 8-26, 1937. Death is said to have occurred on the date stated above, at 2 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	
chronic myocarditis.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John J Gosch, M. D.

(Address) 14 N East ave.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38575

CERTIFICATE OF DEATH

93c

F 38575

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 N Central Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma Thomas

(a) Residence: No. 424 N Central Ave Ward. 5-1

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Thomas

6. DATE OF BIRTH (month, day, year) 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Old Age Pensioner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Luther Lykes

(Address) 424 N Central Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Aug 27, 1937

19. UNDERTAKER Bryant Harris & Knight

(Address) 1216 McElderry St

19. Registrar

AUG 27 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described thereon and from the evidence above, held an (Inquest, Autopsy or Inquiry)

(Inquest, Autopsy or Inquiry) find that said deceased came

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Dec 1936

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen, M. D.

(Address) 507 Saint Paul St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38576 F 38576

CERTIFICATE OF DEATH

Registered No. 93c

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3331 W Virginia Ave St., 20-16 (Ward)

Length of residence in city or town where death occurred 72 yrs. 4 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Carlotta Sylvester

(a) Residence: No. 3331 W Virginia Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. | 4. Color or Race W. | 5. Single, ~~Married, Widowed,~~ or ~~Divorced~~ (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 9-1865

7. AGE: Years 72 | Months 4 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Schoolteacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept Store

10. Date deceased last worked at this occupation (month and year) Dec 1931 | 11. Total time (years) spent in this occupation 24 Yrs.

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Edward C Sylvester

14. BIRTHPLACE (city or town) (State or country) Easton Md

MOTHER

15. MAIDEN NAME Ellen F. Cartwright

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Edward C Sylvester (Address) 3309 Edgewater Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk Date Aug 28 1937

19. UNDERTAKER (Address) Leonard Hoffman 2101 Eutaw Pl

27 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26 1937

22. I HEREBY CERTIFY, That I attended deceased from June 20 1937, to Aug 26 1937

I last saw h alive on Aug 26 1937 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset Aug. 26/37

Other contributory causes of importance: Chronic Arterio Sclerosis

Date of onset 6 yrs

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) John A Evans M. D.

(Address) 612 N 40 St.

OCCUPATION is very important. See instructions on back of certificate.

38577

HEALTH DEPARTMENT—CITY OF BALTIMORE

38577

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1435 Battery ave St., 24-3 Ward.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 9 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Celia J. Hiven

If U. S. Veteran specify WAR

(a) Residence: No. 1435 Battery ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank S. Hiven

6. DATE OF BIRTH (month, day, year): Nov. 19, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53 53	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto, Md.

FATHER

13. NAME: Jas. Farrell

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary A. Keating

16. BIRTHPLACE (city or town) (State or country): Ireland.

17. INFORMANT (Address): Mrs. Mary Curry 1435 Battery Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cem. Date: aug. 30 1937

19. UNDERTAKER (Address): Margaret G. Flynn 1422 Light St. Baltimore, Md.

20. FILED: Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 37 to Aug 26, 1937

I last saw h[illegible] alive on Aug 25 1937 6:30 P.M. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency

Date of onset

Other contributory causes of importance:

Arteriosclerosis, Chronic Nephritis & Myocarditis

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Schmunk M. D.

(Address) 1337 S. Charles St

OCCUPATION is very important. See instructions on back of certificate.

F 38578

F 38578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis W. Volandt

(a) Residence: No. Stonewall Park Catonsville St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Margaret D. Volandt

6. DATE OF BIRTH (month, day, year) Dec 25, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Filling Sta. Op

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Proprietor

10. Date deceased last worked at this occupation (month and year) 8-37 11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Louis Volandt

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Bertha Foster

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Louis Volandt

(Address) Catonsville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 27 1937

19. UNDERTAKER Easton Sons

(Address) Ellicott City

AUG 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1937 to Aug 25, 1937

I last saw him alive on Aug 25, 1937 Death is said to have occurred on the date stated above, at 12-10 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis (Primary)	6 days
Gangrenous Appendicitis	?

Other contributory causes of importance:

Was an operation performed? Yes Date of 8-24-37

For what disease or injury? Peritonitis

Name of operation Exploratory Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James Bytowell M. D.

(Address) Catonsville

OCCUPATION is very important. See instructions on back of certificate.

38579

HEALTH DEPARTMENT—CITY OF BALTIMORE

38579

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 11-3 Ward)

Length of residence in city or town where death occurred 1 yrs. .mos. .ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frederick Fraser

(a) Residence: No. 327 W Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cornelia Frazier

6. DATE OF BIRTH (month, day, year) 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sumpt SC

FATHER

13. NAME Frederick Frazier

14. BIRTHPLACE (city or town) (State or country) Sumpt SC

MOTHER

15. MAIDEN NAME Josephine Thomas

16. BIRTHPLACE (city or town) (State or country) Sumpt SC

17. INFORMANT Mrs Josephine Dukes

(Address) 313 W Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Douglas Cem Date aug 28 1937

19. UNDERTAKER Adolphus Hall Sr

(Address) 944 E Eutaw Place

20. FILED AUG 27 1937 Huntington Williams, D

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest Autopsy at the request of Inquest Autopsy and obtained from the evidence and information received from the said Inquest Autopsy that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Stab wound of Heart

Date of onset Aug 23 1937

Other contributory causes of importance:

Was an operation performed? me Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? homicide Date of injury Aug 23 1937

Where did injury occur? 912 Jordon Alley Balto
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public street

Manner of injury Was Stab

Nature of injury pocket knife into chest wall thru heart

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jaye C. Allen M. D.
Coroner

(Address) 5 E Saratoga St.

E 38580

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38580

CERTIFICATE OF DEATH

✓117-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....da. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rev. Francis Hannigan

(a) Residence: No. St. Katharine of Sienna Rectory St., ... Ward. .....
(Usual place of abode) Fountain & Lanvale (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 12 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
57	57	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Priest.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.C.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm. Hannigan

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Bridget Hannigan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mercy Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Catharine Date 8/28/37 19

19. UNDERTAKER J. J. Fahey & Sons
(Address) 1348 Light

20. FILED AUG 27 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/25/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 7/12/37 . 19.... to 8/25/37 . 19....

I last saw him alive on 8/25/37 . 19.... Death is said to have occurred on the date stated above, at 5:38 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	8/13/37
Generalized arterio Sclerosis	

Other contributory causes of importance:

Gastro - Jejunostomy

Was an operation performed? Yes Date of 8/21/37

For what disease or injury? Duodenal Ulcer

Name of operation Gastro Jejunostomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Raymond J. Frain M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

E 38581

38581

HEALTH DEPARTMENT—CITY OF BALTIMORE

11908 JS

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No. 19-42

CITY OF BALTIMORE: (No. Balto. City Hospt. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. life mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Suehs

If U. S. Veteran specify WAR ✓

(a) Residence: No. 1839 W. Pratt St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) 3-8-1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto - Md.

FATHER

13. NAME Leonard Seuchs

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Schonhafer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Aug 30 1937

19. UNDERTAKER F. B. Keppert & Son
(Address) 300 Eutaw Place

20. FILED 27 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1936, to August 27, 1937

I last saw him alive on August 27, 1937. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. De Santelle M. D.

(Address) Baltimore City Hospitals

38582

F 38582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1135 Hull St. 24-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Ehrman

(a) Residence: No. 1135 Hull St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louis A Ehrman

6. DATE OF BIRTH (month, day, year) July 10, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71 ~~74~~	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Patrick Malia

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Margaret Ehrman
(Address) 1135 Hull St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Aug 28, 1937

19. UNDERTAKER Charles L. Stevens & Co.
(Address) 1501 E. Fort Ave.

20. FILED Aug 27 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1937 to August 25, 1937

Last saw h.. alive on August 24, 1937. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	6-18-36
Pulmonary Embolism	8-25-37
Other contributory causes of importance:	

Was an operation performed? yes Date of 6-18-36

For what disease or injury? Colostomy for Ca of rectum

What test confirmed diagnosis? operation + pathological section Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) G. Dewer Mooney M. D.

(Address) 3105 Belair Road.

F 38583

333494

38583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 6-5 ..... Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... dy. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lusenia Hemphill

If U. S. Veteran specify WAR .....

(a) Residence: No. 1736 Orleans St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/20/37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records — JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL AUG 27 1937
Place JOHNS HOPKINS MEDICAL SCHOOL Date
Commissioner of Health

19. UNDERTAKER For H. A. Moore
(Address)

20. FILED AUG 27 1937 Lington Williams, M.D.

3447 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1937, to Aug 23, 1937

I last saw her alive on Aug 23, 1937 Death is said to have occurred on the date stated above, at 6:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Pneumonia - Bronchopneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) James A. Hayden, M. D.

(Address) Johns Hopkins Hospital

38584 F 38584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159

Registered No. .....

1. PLACE OF DEATH Johns Hopkins Hospital St. 5-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Chambers

(a) Residence: No. Johns Hopkins Hospital St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 2, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Andrew Styles

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Marie Chambers

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL AUG 27 1937
Place JOHNS HOPKINS MEDICAL SCHOOL Date 19
Commissioner of Health

19. UNDERTAKER Per E. A. Hopp
(Address) Livingston Williamson Funeral Dir.

20. Filed AUG 27 1937

3445

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/2, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1937 to July 2, 1937
I last saw her alive on July 2, 1937. Death is said to have occurred on the date stated above, at 3.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	7-2-37
Other contributory causes of importance:	

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No. If so, specify .....

(Signed) E. W. Overstreet, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

V 8 5

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38585

CERTIFICATE OF DEATH

23 F 38585

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2012 Ashland Avenue St. 7-4 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William J. Rosenberger

(a) Residence: No. 2012 Ashland Avenue St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Rosenberger

6. DATE OF BIRTH (month, day, year) July 9, 1885

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
52 years	1 month	17 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 054

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Rosenberger

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

MOTHER

15. MAIDEN NAME Mary Loanch

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Mrs Ella Gelhaar
(Address) 2012 Ashland Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date August28, 1937

19. UNDERTAKER Geo. M. Fink & Son
(Address) 811 N. Wolfe Street

OC 27 1937 Lington Williams MD
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 25th, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1927 to August 25, 1937

I last saw him alive on August 25, 1937 Death is said to have occurred on the date stated above, at 7:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	6/1/26
Other contributory causes of importance: Cardiac Paralysis	8/25/37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) William J. Rosenberger M. D.

(Address) 801 N. Kenwood Avenue

OCCUPATION is very important. See instructions on back of certificate.

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

38586 38586

CERTIFICATE OF DEATH

95-13

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5712 Park Heights Av St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Mae Esslinger

(a) Residence: No. 5712 Park Heights St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward C. Esslinger

6. DATE OF BIRTH (month, day, year) March 19 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shrewsbury Pa.

FATHER

13. NAME James B Kahler

14. BIRTHPLACE (city or town) (State or country) Shrewsbury Pa.

MOTHER

15. MAIDEN NAME Josephine Shaffer

16. BIRTHPLACE (city or town) (State or country) Shrewsbury Pa.

17. INFORMANT Edward C. Esslinger
(Address) 5712 Park Heights

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 28 1937

19. UNDERTAKER Charles G. Black
(Address) 742 W. North Ave.

AUG 27 1937 Washington Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25 1937

22. I HEREBY CERTIFY, That I attended deceased from June 10 1937 to Aug 25 1937

I last saw h.. alive on Aug 25 1937 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio Vascular Disease	1930
Lobar Pneumonia	8/22/37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Lester E. Linthicum M.D.

(Address) 7 E. Mt. Charles St

OCCUPATION is very important. See instructions on back of certificate.

38587 E 38587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#10289

Registered No. 342-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17-3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME William Saunders

(a) Residence: No. 732 Pearce St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophronie

6. DATE OF BIRTH (month, day, year) 3/23/02

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	35	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME McKinsey

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Ellen Davis

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT ..... Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Aug 30 1937

19. UNDERTAKER Elroy J Wilson

(Address) 1000 Brantlegate

20. FILED AUG 27 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-26-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-1-1937 to 8-26-1937

I last saw h.... alive on 8-26-1937. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis Hemorrhage + surgical Shock	8/26/37
Other contributory causes of importance:	

Was an operation performed? Yes (4) Date of 6/25, 7/1, 8/2, 8/26

For what disease or injury? Pulmonary Tuberculosis

Name of operation Thoracoplasties

What test confirmed diagnosis? Xray + Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. L. Woodward Jr. M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38588 — CERTIFICATE OF DEATH — F 38588

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 27-12 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Otto Passeman If U. S. Veteran specify WAR No record

(a) Residence: No. 5800 York Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Passeman

6. DATE OF BIRTH (month, day, year) Feb 23, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business

10. Date deceased last worked at this occupation (month and year) 8-25-37

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Paul Passeman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dora Passeman 5800 York Rd
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Aug 28, 37

19. UNDERTAKER Wm Cook 1788 Paul St
(Address)

[illegible] 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy found that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Edward C. Wolf, M. D.
Coroner

(Address) 1331 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38589

CERTIFICATE OF DEATH

48 F 38589

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5422 Belair Rd 27-4 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Evelyn May Quick

If U. S. Veteran specify WAR No Record

(a) Residence: No. 5422 Belair Road City Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed or Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Winslow Quick

6. DATE OF BIRTH (month, day, year) Feb 10th 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

FATHER

13. NAME Solomon Bramble

14. BIRTHPLACE (city or town) (State or country) Cambridge Md

MOTHER

15. MAIDEN NAME Effie A. Bramble

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT Winslow Quick
(Address) 5422 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Aug 28th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

AUG 27 1937 Lexington Wellington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1937, to Aug 26, 1937.

I last saw h.. alive on Aug 26, 1937. Death is said to have occurred on the date stated above, 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uterus.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? ?

Name of operation ?

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. V. Bayley M. D.

(Address) Belair Rd & Chesterfield Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38590

CERTIFICATE OF DEATH

93-C

F 38590

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1683 Cliftview Ave Ward) Life

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME Elizabeth Stolte

(a) Residence: No. 1683 Cliftview Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Bernhardt Stolte

6. DATE OF BIRTH (month, day, year) July 20th 1846

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
91	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME ? Doerflein

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs William L. Brown

(Address) 1683 Cliftview Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Aug 29 37

19. UNDERTAKER Wm Cook

(Address) 217 St Paul St

19. ... Livingston Wilkerson Registrar.

AUG 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1937 to Aug 26 1937

I last saw h.e.r. alive on Aug 24 1937 Death is said to have occurred on the date stated above, at 7.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic	6 days
over	

Other contributory causes of importance:

Arteriosclerosis	—

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milton Hall M. D.

(Address) 1120 N. Eutaw

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38591

CERTIFICATE OF DEATH

F 38591

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 637 St. Anns Ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman V. Storath If U. S. Veteran specify WAR No Record

(a) Residence: No. 637 St. Anns Ave Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Lillian C. Storath

6. DATE OF BIRTH (month, day, year) July 26th 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Co

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Wilmington Del

FATHER

13. NAME Adolph B. Storath

14. BIRTHPLACE (city or town) (State or country) Bavaria

MOTHER

15. MAIDEN NAME Mary Krebs

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Lillian C. Storath

(Address) 637 St. Anns Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 8/30 1937

19. UNDERTAKER: J. H. Cook & Sons

(Address) 1210 E. Baltimore St

AUG 27 1937 Wilmington Del

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27th 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1933 to Aug 26 1937

I last saw h alive on Aug 26 1937 Death is said to have occurred on the date stated above, 2:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	4 yrs
Other contributory causes of importance: Coronary Sclerosis	1 yr

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) Edward J. Leord M. D.

(Address) 413 N. Washington St

VS 3

38592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

958F 38592

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., UCK 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? ? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Bugik orburdzak

(a) Residence: No. 1516 Thames St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Jacob Bugik

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Florrie

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records of Balto. City Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date 8-28 1937

19. UNDERTAKER J J Zahn & Sons

(Address) 3118 Eastern Ave

20. FILED AUG 27 1937 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-19-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-15 1929 to 8-19 1937

I last saw him alive on 8-19 1937. Death is said to have occurred on the date stated above, at 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular disease.	?
Arteriosclerosis & Arteriosclerotic Gangrene left foot + ankle	8-1-37?
Other contributory causes of importance: Bronchopneumonia	8-18-37

Was an operation performed? yes Date of 8-19-37

For what disease or injury? Arteriosclerotic gangrene

Name of operation Lt mid thigh amputation

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] Brantigan M. D.

(Address) City Hosp.

Spec.—1-10-21—M&T—1500 Bks.

F 38593

38593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 Spence St ST. 25-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elmer E. Duvall

(a) RESIDENCE NO. 1603 Spence ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. 11 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Jun 29 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fireman

(b) General nature of industry, business, or establishment in which employed (or employer): Railroad

(c) Name of employer: B. & O. R.R. Baltimore

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: George F. Duvall Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Frances Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Town

14 Informant: William C. Duvall

(Address): 1918 E. 29th St

15 Filed: AUG 27 1937, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 26 193[illegible]

17 I HEREBY CERTIFY, That I attended deceased from Nov 6, 1936, to Aug 26, 193[illegible]

that I last saw h/[illegible] alive on Aug 20, 193[illegible]

and that death occurred, on the date stated above, at 1:20 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Interstitial Nephritis

7. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examinations

(Signed) Edward F. Nolan, M. D.

, 19 (Address) 687 N. Houston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery DATE OF BURIAL: Aug 28 193[illegible]

20 UNDERTAKER: Geo. H. Schwab ADDRESS: 401 Fredrick

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

F 38594

38594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St. 70-2 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Anna E. Maloney

If U. S. Veteran specify WAR No Record

(a) Residence: No. 62 Gorman Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Wh	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 15th 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

10. Date deceased last worked at this occupation (month and year) 8/13/37

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Thomas E. Maloney

14. BIRTHPLACE (city or town) (State or country) At Sea Md

MOTHER

15. MAIDEN NAME Anna T. Banahan

16. BIRTHPLACE (city or town) (State or country) Corkeysville Md

17. INFORMANT Leone Maloney

(Address) 62 Gorman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Aug 30th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Huntington Williams, M.D.

AUG 28 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-27 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-25 1937 to 8-27 1937

I last saw her alive on 8-27 1937 Death is said to have occurred on the date stated above, at 2:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene Appendix.	
Peritonitis	
Other contributory causes of importance:	

Was an operation performed? yes Date of 8-25-37

For what disease or injury? Gangrene Appendix

Name of operation Drainage of Appendical Abscess

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas B Marsh M. D.

(Address) Bon Secours Hosp

38595 F 38595

38595 HEALTH DEPARTMENT—CITY OF BALTIMORE

13-B #25152 SF

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 10-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Farrell

(a) Residence: No. 620 E. Biddle St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/5/1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Agnes Rawney

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT nospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date Aug. 30 1937

19. UNDERTAKER E. Leroy Stiffler, Inc.
(Address) 125 E. North Ave.

20. FILED ..... 19..... Registrar.

AUG 30 1937 (Lillington Williams, M.D.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-20 1937 to 8-27 1937

I last saw h[im] alive on Aug 27 1937. Death is said to have occurred on the date stated above, at 5:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Thrombosis	2
Straight	

Other contributory causes of importance:

Bronchopneumonia	
Dysentery	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) E. Roseman M. D.

(Address) Balto. City Hospitals

✓ E 38596

HEALTH DEPARTMENT—CITY OF BALTIMORE

38596

CERTIFICATE OF DEATH

115-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sydenham Hosp. St., 15-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dorothy Robertson

(a) Residence: No. 1602 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 16, 1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Jerald Robertson

14. BIRTHPLACE (city or town) Milford. (State or country) Del.

MOTHER

15. MAIDEN NAME Evelyn Mack

16. BIRTHPLACE (city or town) Cumberland (State or country) Md

17. INFORMANT Mother (Address) 1602 N. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Aug 28 1937

19. UNDERTAKER George S. Kelly & Son
(Address) 1309 Pennsylvania Ave.

20. FILED 19 Washington, D. C.

No. 1331

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-26- 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-29- 1937 to 8-26- 1937

I last saw her alive on 8-26- 1937 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tonsilectomy and adenoidectomy undergeneral anesthesia with Heart failure	8-26

Other contributory causes of importance:

Was an operation performed? T & A. Date of 8-26

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. Waghelstein M. D.

(Address) Sydenham Hosp.

F 38597

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38597

CERTIFICATE OF DEATH

108 cc

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registered No. 1877

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lizzie Taylor

(a) Residence: No. 1864 Parish Alley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Ferdinand Taylor (dead)

6. DATE OF BIRTH (month, day, year) 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joe Gardener

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lizzie ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) City Hospitals 1408 Bruce St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Aug 30 1937

19. UNDERTAKER George L. Kelson

(Address) 1303 Presstman st

Arlington Williams, Registrar

AUG 28 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came her death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma, Pneumonia	Aug. 26th
Other contributory causes of importance: Sclerosis and Hypertension	some time

Was an operation performed? No Date of

For what disease or injury?

Name of operation. Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D.
Coroner

(Address) 1712 N. Broadway

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9

✓ F 38598

38598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 649 W Lafayette ave St. 17-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John T Hunt

(a) Residence: No. 649 Lafayette Ave., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Harriet Hunt

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John Hunt

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Julia ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Harriet Hunt
(Address) 649 Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date aug 28 37 19

19. UNDERTAKER George H. Kelson
(Address) 1303 Pressman St

28 1937 Harrington Williams, MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 1937 to Aug 26 1937

I last saw him alive on Aug 25 1937. Death is said to have occurred on the date stated above, at 2P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	?
Other contributory causes of importance: Hypostatic Pneumonia	8/24/37

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H Williams Jr. M. D.

(Address) 1708 Penna Ave.

OCCUPATION is very important. See instructions on back of certificate.

V 53

M. D. B. 1268-9

✓ F 38599

38599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 Laurens St., 15-2 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William A. Sworn

(a) Residence: No. 1822 Laurens St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Sworn

6. DATE OF BIRTH (month, day, year) May 12, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hod. carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford County, Md.

FATHER

13. NAME John Sworn

14. BIRTHPLACE (city or town) (State or country) Harford County, Md.

MOTHER

15. MAIDEN NAME Elizabeth Hoffman

16. BIRTHPLACE (city or town) (State or country) Harford County, Md.

17. INFORMANT Mary Sworn

(Address) 1822 Laurens St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Aug 29. 1937

19. UNDERTAKER George G. Kelson

(Address) 1303 Presstman St

Huntington Williams
Registrar

Aug 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 25. 1937 to Aug. 25, 1937

I last saw him alive on Aug 25th 1937 Death is said to have occurred on the date stated above, at 5 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Aug. 21, 37

Other contributory causes of importance:

None

Name of operation — Date of —

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If ... specify

(Signed) John D. Quinn, M. D.

(Address) 1501 N. Fulton Ave

38600 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 38600

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital St., 114-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Nancy L. Miller — If U. S. Veteran specify WAR ...

(a) Residence: No. 1835 Bolton St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Benj. F. Miller

6. DATE OF BIRTH (month, day, year) April 25, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME John Leil

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Dora Snyder

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mr. Donald Miller
(Address) 1835 Bolton St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date 8/28/1937

19. UNDERTAKER John O. Mitchell Sons Inc.
(Address) 1900 Eutaw Place

... Registrar.

AUG 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 26. 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/24 1937 to 8. 26 1937

I last saw h.e.r alive on 8/25 1937 Death is said to have occurred on the date stated above, at 7.55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Hypertension C-V-Renal	
(2) Intestinal Ca	abt

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) J. Feldmann M. D.

(Address) Maryland Gen'l Hosp

38601 F 38601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 95-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Laura I Benson

(a) Residence: No. Linthicum Heights, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Summerfield P.H.Benson

6. DATE OF BIRTH (month, day, year) 3/10/67

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Garrett Maryland

FATHER

13. NAME George E. Shipley

14. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

MOTHER

15. MAIDEN NAME Mary Jane Harmon

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

17. INFORMANT Miss. Eleanor Benson

(Address) Linthicum Hts. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date 8/28/37 19

19. UNDERTAKER Chas. O. Mitchell Sons Inc

(Address) 1900 Eutaw Place

28 1937 (Date Filed) ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1937, to Aug 27, 1937

I last saw her alive on Aug 27, 1937. Death is said to have occurred on the date stated above, at 5 05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	8/20/37
Acute decompensation	8/24/37
Broncho pneumonia	

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Irving Freeman, M. D.

(Address) Univ. Hosp.

E 38602

HEALTH DEPARTMENT—CITY OF BALTIMORE

38602

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Union Memorial Hospital 12-1

CITY OF BALTIMORE: (No. 33 N. Calvert St., Ward)

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life (78 yrs) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Ellsworth Wise

(a) Residence: No. 3810 Greenway Ave St., Balt Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adele Kennedy Wise

6. DATE OF BIRTH (month, day, year) Nov. 6, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Lewis V. Wise

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Lewis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Lewis V. Wise

(Address) 3810 Greenway

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem. Date Aug. 31 1937

19. UNDERTAKER John C. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED Aug 28 1937 19 Registrar.

VR 5

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/28/ 1937

22. I HEREBY CERTIFY, That I attended deceased from July 29 1937 to Aug 28 1937

I last saw h.m. alive on Aug. 27 1937 Death is said to have occurred on the date stated above, at 9.27 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic gangrene	8/20/37
Uremia	
Other contributory causes of importance: Diabetes Generalized arteriosclerosis Chronic nephritis	

Was an operation performed? Yes Date of 8/10/37

For what disease or injury? Diabetic gangrene of the

Name of operation Amputation of 2nd toe of left foot

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) S. D. Sundry M. D.

(Address) Union Memorial Hospital

F 38603

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38603

CERTIFICATE OF DEATH

V 157-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2442 E Eager St. 7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joan D. Schuessler

(a) Residence: No. 2442 E. Eager St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 23, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John P. Schuessler

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elizabeth Schrandt

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT John P. Schuessler
(Address) 2442 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Cemy Date Aug 28, 1937

19. UNDERTAKER Edward H. Eschbach Son
(Address) 924 E Eager St Baltimore, Md

Filing Date Aug 28 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1937 to Aug 27, 1937

I last saw her alive on Aug 26, 1937 Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

Congenital Heart.

Date of onset Aug 27 37

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —

(Signed) Lloyd Thurston M. D.
800 N Milton Ave

38604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 F 38604

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Romano Hospital St. 27-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Ethelende Lawson Kirby

If U.S. Veteran specify WAR

(a) Residence: No. 3139 Beaver Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced (or) WIFE of: Thomas B. Kirby

6. DATE OF BIRTH (month, day, year): July 18-1882

7. AGE: Years 55 | Months 1 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill; bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Crisfield Md

FATHER

13. NAME: Palmer Henry Lawson

14. BIRTHPLACE (city or town) (State or country): Crisfield, Md

MOTHER

15. MAIDEN NAME: Amelia M. Price

16. BIRTHPLACE (city or town) (State or country): Princess Anne Md

17. INFORMANT: Mr R. E Lawson

(Address) 4016 Maine Ave

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Balto Date Aug 30 1937

19. UNDERTAKER: H. J. Fletcher & Sons

(Address) Wash Co Md

AUG 28 1937

Washington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-27 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-16 1937 to 8-27 1937

I last saw her alive on 8-27 1937 Death is said to have occurred on the date stated above, at 10:45A m.

The principal cause of death and related causes of importance were as follows:

Generalized Carcinomatosis arising from breast. — Date of onset ?

Other contributory causes of importance:

Hydrothorax - right.

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? X. Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jerome V. Hestan M.D.

(Address) 333 Poplar Rd.

38605

HEALTH DEPARTMENT—CITY OF BALTIMORE

38605

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Woman's Hospital 4-1

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME: Miss Goldie G. Becker

If U.S. Veteran specify WAR .....

(a) Residence: No. 806 S. Elwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Feb. 11895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hutzler Bros.

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Hanover Pa

FATHER

13. NAME: Calvin Becker

14. BIRTHPLACE (city or town) (State or country): Balto. Md

MOTHER

15. MAIDEN NAME: Mrs Emma Jane Becker

16. BIRTHPLACE (city or town) (State or country): Hanover Pa

17. INFORMANT: Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Oakland Cem. Aug 30 37

19. UNDERTAKER: Wm J Tickner Sons
(Address) Nordt & Peaves.

20. FILED ..... 19 .....

AUG 28 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1937 to Aug 27, 1937

I last saw her alive on Aug 27, 1937 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis, generalized Carcinoma of generative organs	1937 ?
Other contributory causes of importance:	?

Was an operation performed? Yes Date of April 30, 37

For what disease or injury? mass in pelvis

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Jerome Taylor M.D.
(Address) 355 Taylor Rd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38606

CERTIFICATE OF DEATH

3306

1. PLACE OF DEATH Bon Secours Hosp. Registered No. 27410

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Susan ELIZABETH Townsend

If U. S. Veteran specify WAR .....

(a) Residence: No. 5315 St. George's Ave St., ... Ward. Govans, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed or divorced (or) WIFE of Evan J. Townsend

6. DATE OF BIRTH (month, day, year) Dec 31-1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

FATHER

13. NAME Samuel Thompson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Sarah Barnes

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Howard E Townsend

(Address) 5315 St Georges Road

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Aug 31 1937

19. UNDERTAKER Jno F Pickup & Sons

(Address) North & Pa Aves

20. FILED AUG 28 1937 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/27/1937

22. I HEREBY CERTIFY, That I attended deceased from 5/24/1937 to 8/27/1937

I last saw her alive on 8/27/1937. Death is said to have occurred on the date stated above, at 4.9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other contributory causes of importance:

Arteriosclerotic cardio vascular disease

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas B Marsh M. D.

(Address) Bon Secours Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

38607 38607 38607

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. Bolt. Rd St. 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Jennie Ruppel

(a) Residence: No. 1925 Jefferson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Ruppel

6. DATE OF BIRTH (month, day, year) May 3, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76 years	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Michael Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Daughter Margaret Ruppel
(Address) same address 1925 Jefferson

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug 30 1937

19. UNDERTAKER John C. Miller Inc
(Address) 2735 East Chase St

20. FILED ..... 19 ..... Registrar.

AUG 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/26 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1937 to Aug 26 1937

I last saw her alive on Aug 20 1937 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix -	
Bronchial Pneumonia	
Hypertensive Arteriosclerosis	
Colon - Renal disease	
Other contributory causes of importance:	
Ruptured Appendix	
Acute Peritonitis	

Was an operation performed? Yes Date of Aug 20/37

For what disease or injury? Ruptured Appendix

Name of operation Appendectomy & drainage

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank K. Marks M. D.

(Address) 116 Cases St.

F 38608

38608 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 26081--(M) 3 4 B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City nospts. St., 23-1 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lucille Hunter

(a) Residence: No. 227 W. Hamburg St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	C/L single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Sam Porter (C/L)

6. DATE OF BIRTH (month, day, year) 1899 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Dillard Hunter (D)

14. BIRTHPLACE (city or town) (State or country) Un.

MOTHER

15. MAIDEN NAME Schsfrona ?

16. BIRTHPLACE (city or town) (State or country) Un.

17. INFORMANT Records of Balto. City nospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Int Auburn Date Aug 28 1937

19. UNDERTAKER Isaiah L Brown Son

(Address) 1058 W Monty Omry St

20. FILED AUG 28 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 23, 1937, to August 25, 1937

I last saw her alive on August 25, 1937. Death is said to have occurred on the date stated above, at 10-10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm of aorta	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Sautelle M. D.

(Address) Baltimore City Hospitals

F 38609

38609 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH √159

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1716 Jackson St. 24-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joan Jean Finan — If U. S. Veteran specify WAR

(a) Residence: No. 1716 Jackson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 24, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	If LESS than 1 day 17 hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Leo H. Finan

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Kathleen L. Warfield

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mr. Leo H. Finan

(Address) 1716 Jackson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 8/28 1937

19. UNDERTAKER Margaret F. Flynn

(Address) 1402 Light St.

28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24 1937 to Aug. 27 1937

I last saw her alive on Aug. 27 1937. Death is said to have occurred on the date stated above, at 10:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth 7 months	
Other contributory causes of importance:	
Exhaustion	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If yes, specify

8/28/37 (Signed) R. T. Campbell M. D.

(Address) 1644 Hanover

Spec.—2-29-28—L. F. S.—500 Bks.

F 38610

38610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× ✓ 140-107a

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Franklin Square Hospital WARD)

2—FULL NAME Mrs. Mary Enson

(a) RESIDENCE NO. Parkton Md ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. – mos. – ds. 4 How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Clyde M. Enson

6 DATE OF BIRTH (month, day, and year) Mar 1. 1901 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W. Va.

PARENTS

10 NAME OF FATHER John Fox

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Virginia

12 MAIDEN NAME OF MOTHER Mary Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Virginia

14 Informant Clyde M. Enson
(Address) Parkton, Md.

15 Filed AUG 28 1937, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27, 1937

17 I HEREBY CERTIFY, That I attended deceased from Aug 23, 1937, to Aug 27, 1937,
that I last saw her alive on Aug 27, 1937
and that death occurred, on the date stated above, at 1:20 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia
Hx Criminal
No Inquest necessary
Otto M. Reinhardt M.D. Coroner

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Incomplete, infected Abortion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug. 23 '37

Was there an autopsy? No

What test confirmed diagnosis? D & C

(Signed) H. Sodaro, M. D.

, 19 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pleasant Rode, Balto Co, Md — DATE OF BURIAL Aug 29 1937

20 UNDERTAKER Wm. C. Burdetsam — ADDRESS Govans

O.K. Paul Schwartz, M.D.

38611 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 38611

CERTIFICATE OF DEATH ✓ 119

1. PLACE OF DEATH Sinai Hospital — 2-1 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.....St.,

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Richard W. Bonnett — If U. S. Veteran specify WAR

(a) Residence: No. 8 S. Castle St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 15-1937

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jacob W. Bonnett

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Irene S. Weber

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Jacob W. Bonnett
(Address) 8 S. Castle Street

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date Aug 31 1937

19. UNDERTAKER George A. Weber
(Address) 705 E. Lanvale St

20. FILED ....., 19.... Registrar.

28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug-27-1937

22. I HEREBY CERTIFY, That I attended deceased from Aug-27-1937 to Aug 27-1937

I last saw him alive on Aug 27-1937. Death is said to have occurred on the date stated above, at 3:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro-Enteritis	8-24-37
Acidosis	8-26-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Irwin Sarber, M. D.

(Address) Sinai Hospital

B 33468
B 38612

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 38612

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 2-K Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME STELLA ROTEK

(a) Residence: No. 134 SOUTH ANN St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John

6. DATE OF BIRTH (month, day, year): unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: NW

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): ✓

MOTHER

15. MAIDEN NAME: ✓

16. BIRTHPLACE (city or town) (State or country): ✓

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Rosary Date: Aug 31st 1937

19. UNDERTAKER: Geo. A. Weber
(Address) 705 S. Ann st.

AUG 28 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1937 to Aug 27, 1937

I last saw her alive on Aug 27, 1937. Death is said to have occurred on the date stated above, at 10:58 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease.	1902
Pulmonary Infarction	1 week
Other contributory causes of importance: Thrombosis Cystic Purpura	Life

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Charles S. Ramsey, M. D.

(Address) Johns Hopkins Hospital

38613

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38613

CERTIFICATE OF DEATH

X √ 72-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital 402 St., ...Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. 18 dys. How long in U. S. If of foreign birth? ....yrs. ....mos. ....dys.

2. FULL NAME Mrs. George E. Ley.

(a) Residence: No. 108 S. Foundry St., Ward. Hagerstown Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 11, 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER

13. NAME Geo. W. Ley

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hettie Garrett
(Address) 108 S. Foundry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date Aug. 31 . 1937

19. UNDERTAKER Frederick J. Cole
(Address) 120 W. Lanvale St

UG 23 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/28 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/10 . 1937, to 8/28 . 1937

I last saw him alive on 8/28 . 1937 Death is said to have occurred on the date stated above, at 6:25 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkin's Disease	1934

Other contributory causes of importance:
Malnutrition & secondary anemia.

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury .....19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) John A. Mason M. D.

(Address) University Hospital

F 38614

38614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 186-a

1. PLACE OF DEATH Union Mem. Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St.) 12-W Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Greb

(a) Residence: No. ..... Sutherville Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 29, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balt Co.

FATHER

13. NAME John Greb

14. BIRTHPLACE (city or town) (State or country) Balt Co

MOTHER

15. MAIDEN NAME Annie R Brauer

16. BIRTHPLACE (city or town) (State or country) Balt Co.

17. INFORMANT John Winfield Sept
(Address) Sutherville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Salem Cem. Date Aug 30, 1937

19. UNDERTAKER John Burns Sons
(Address) Towsontown Md

20. FILED 19 Registrar
Aug 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Myelitis — Date of onset 8/28/37

Other contributory causes of importance: Fall from Loft, fracture of vertebrae — 3/20/37

Was an operation performed? Yes Date of 3/25/37

For what disease or injury? Fracture of vertebra

Name of operation? Dr Dalous Date of .....

What test confirmed diagnosis? Auto, Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Mar 20, 1937

Where did injury occur? Sutherville
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Fall from Loft.

Nature of injury Fracture of Vertebrae

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John M Crain Coroner, M. D.

(Address) Caron

38615 E 38615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X ✓ 95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Barbara Brooks

(a) Residence: No. 707 Main St. St., ... Ward. Reisterstown, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of married Dent Brooks

6. DATE OF BIRTH (month, day, year) June 11, 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Aug. 15, 1937

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Hartmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Virginia L. Brooks

(Address) Reisterstown Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Aug 31, 1937

19. UNDERTAKER Jos. Berry & Sons

(Address) Reisterstown Md.

20. FILED ..... 19..... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1937, to Aug. 28, 1937

I last saw her alive on Aug 28, 1937 Death is said to have occurred on the date stated above, at 8:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Advanced arteriosclerotic cardio vascular disease	
Senility advanced	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [illegible] M. D.

(Address) Mercy Hosp.

G. A. 1937 Huntington Williams, Md.

38616

HEALTH DEPARTMENT—CITY OF BALTIMORE

38616

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Eugenia Robinson

If U. S. Veteran specify WAR

(a) Residence: No. 5 Mill Pond Kent Co Md St., ... Ward. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Robinson

6. DATE OF BIRTH (month, day, year) Sept 6, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	11	16 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Aug 19 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co, Md.

FATHER

13. NAME B. F. Hall

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Robinson (Address) Rock Hall Md

18. BURIAL, CREMATION, OR REMOVAL

Place Rock Hall Date Aug 31 19 37

19. UNDERTAKER B. F. Fellows (Address) Rock Hall Md

20. FILED Aug 31 1937 Registrar Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1937, to Aug 29, 1937

I last saw her alive on Aug 29, 1937. Death is said to have occurred on the date stated above, at 12:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute sclerotic cardio vascular disease myocardial failure	
Other contributory causes of importance: non-specific colitis	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Raymond J. Tipin M. D.

(Address) Mercy Hospital.

38617 ✓ F 38617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 21 Ward) 17

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Stephen Billings

(a) Residence: No. 5309 Ethelbert Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 6-1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Horse trainer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. $6086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eatontown N. J.

FATHER

13. NAME Stephen B. Billings

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mariah Phillips

16. BIRTHPLACE (city or town) (State or country) New York State

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
W. Long Branch Cemetery Date Aug 31, 1937

19. UNDERTAKER Horace F. Bergen
(Address) 3631 - Falls Road

20. FILED ..... 19 ..... Registrar.

SEP 3 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1937 to Aug 18, 1937

I last saw him alive on Aug 28, 1937 Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, stomach	
Metastases to liver	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Irving Framan, M. D.

(Address) Univ. Hosp.

✓ F 38618

38618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. - 1 Ward)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jacob Cohen

(a) Residence: No. 903 E Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Jewish	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Gertrude

6. DATE OF BIRTH (month, day, year) 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel Cohen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Eudis Siegel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT James Cohen
(Address) 903 E Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place Herring Run Date Aug 29 37

19. UNDERTAKER Sol Levy & Sons
(Address) 112 E Balto St

20. FILED AUG 29 1937 Lexington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1937 to Aug 28, 1937
I last saw h~~im~~ alive on Aug 28, 1937. Death is said to have occurred on the date stated above, at 12:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	8/18
Acute decompensation	8/18
Pulmonary edema	8/18

Other contributory causes of importance: Generalized arteriosclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Irving Freeman M. D.
(Address) Univ. Hosp.

38619 38619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703-Homestead St. St. 9-7 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Yates

(a) Residence: No. 1703-Homestead St. St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Yates

6. DATE OF BIRTH (month, day, year) 12/15/1884

7. AGE Years	Months	Days	If LESS than 1 day X-XX-X or .....min.
52	8	9 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Wieners

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie Ahles

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Theresa Jockisch

(Address) 1703-Homestead St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 8/30/37 19

19. UNDERTAKER George C. Muth, Inc.

(Address) 1705-Harford Ave.

20. FILED AUG 29 1937 [signature] [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1936 to Aug 27, 1937

I last saw him alive on ..... a 8 1937 Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1934

Other contributory causes of importance:

Acute Pulmonary Edema	2 days

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Edward C. Muth M. D

(Address) 1331 E. North Ave

38620 E 38620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1069 W Fayette St., 18-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Brooks Thompson

(a) Residence: No. 1069 W Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 8-1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William H. Thompson

14. BIRTHPLACE (city or town) (State or country) N Carolina

MOTHER

15. MAIDEN NAME Vashti Phillips

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Emma Thompson
(Address) 1069 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date July 31, 1933

19. UNDERTAKER Lemmon Glass & Son
(Address) 638 N. Gilmor

24. FILED (Date) JUL 29 1933 Washington Williams

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1933

22. I HEREBY CERTIFY, That I took charge of the remains described above, held ..... (Inquest, Autopsy or Inquiry) and from the evidence obtained by ..... (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic tuberculosis pulmonary	June (1933)

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) George C. Keller, M. D.
Coroner

(Address) 20 E. Lexington St.

38621 E 38621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 11 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nancy Lee Clayton

(a) Residence: No. 2040 E. Hoffman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of infant

6. DATE OF BIRTH (month, day, year) Sept 21, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Olivia L. Clayton

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Ethel Benzinger

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Olivia L. Clayton

(Address) 2040 E. Hoffman St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date Aug 3 1937

19. UNDERTAKER A. Howard Digman

(Address) 1400 E. Eager St

20. FILED 19 Registrar

AUG 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/22/37. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	
otitis Media (left)	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber M. D. Coroner

(Address) 1919 E. North Ave

F 38622 HEALTH DEPARTMENT—CITY OF BALTIMORE F 38622

CERTIFICATE OF DEATH

Registered No. 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital 15-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marcelaine M. Bennett (Marcelaine M. Bennett) If U. S. Veteran specify WAR

(a) Residence: No. 3506 Edwood Place Edgewood Road, Reade Ward. Brooklyn N.Y.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Bennett

6. DATE OF BIRTH (month, day, year) Aug. 22 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn New York

FATHER

13. NAME John F. Mayo

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Cora M. Knease

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

17. INFORMANT Dr. LeGrande Bennett

(Address) 3506 Edgewood Road

18. BURIAL, CREMATION, OR REMOVAL

Place Greenwood Cemetery Brooklyn, N. Y. Aug. 30th 1937

19. UNDERTAKER Carl Cook

(Address) 1005 West Baltimore St.

20. FILED 25 1937 Assistant Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27 1937

22. I HEREBY CERTIFY, That I attended deceased from August 16 1937 to August 27 1937

I last saw h.e.r. alive on August 27 1937. Death is said to have occurred on the date stated above, at 5:15 P.m.

The principal cause of death and related causes of importance were as follows:

Embolism of Gall Bladder & Cholelithiasis — Date of onset Unknown

Other contributory causes of importance:

Cerebral Embolism — August 24, 1937

Pneumonia — August 24, 1937

Was an operation performed? Yes Date of August 27 1937

For what disease or injury? Embolism of Gall Bladder & Cholelithiasis

Name of operation Cholecystectomy

What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Elton Kearnor M. D.

(Address) South Baltimore General Hospital

F 38623

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38623

54 a

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Maryland General Hosp (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME Mildred Morgan
(a) Residence: No. 110 W 27th St., ... Ward. Balto Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 24, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Newspaper
10. Date deceased last worked at this occupation (month and year) July 1937
11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Chas E. Morgan
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Carrie E. M. Hullmann
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Carrie E. M. Morgan
(Address) 110 W. 27th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date 8/30/37

19. UNDERTAKER Mrs Chas Poole
(Address) 2327 Edmondson ave

20. FILED ... 19... Registrar

G 25 1331

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27, 1937

22. I HEREBY CERTIFY, that I attended deceased from Aug 12, 1937 to Aug 27, 1937
I last saw h... alive on Aug 27, 1937 Death is said to have occurred on the date stated above, at 7.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	8-21-37
Other contributory causes of importance: Dermoid cyst ovary	1936

Was an operation performed? Yes Date Aug 13-37
For what disease or injury? Dermoid cyst ovary.
Name of operation oophorectomy & intestinal
What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. K. Maxwell, M. D.
(Address) Md. General Hosp

38624

HEALTH DEPARTMENT—CITY OF BALTIMORE

38624 SF

CERTIFICATE OF DEATH

71a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 4 2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Kirby

If U. S. Veteran specify WAR

(a) Residence: No. 718 W. Lexington St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ada Muller.

6. DATE OF BIRTH (month, day, year) 6/9/1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	64	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) June 1932

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME W. H. Kirby

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Martha Branson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Meadowridge Date 8/30/37 19

19. UNDERTAKER Thos. J. McEnroe

(Address) 1600 Harlem Ave

AUG 29 1937 19 Registrar.

Washington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to August 26 1937

I last saw him alive on August 26 1937. Death is said to have occurred on the date stated above, at 7:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious anemia	1932
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lawlah M. D.

(Address) Baltimore City Hospitals

38625 HEALTH DEPARTMENT—CITY OF BALTIMORE 38625

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes' Hospital, Registered No. 22-a
CITY OF BALTIMORE: (No. Mckean & Caton Aves, St. 3-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Mary Vetters, If U. S. Veteran specify WAR .....

(a) Residence: No. 3720 Sixth St. (Usual place of abode) St. ..... Ward. ..... Brooklyn, (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. Vetters

6. DATE OF BIRTH (month, day, year) Jan 8, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	7	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

FATHER
13. NAME Patrick Foley
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Hudson
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Mary Coffs (Address) 3726 6th St

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date 8/31/37 19

19. UNDERTAKER Bernard C. Fonfe (Address) 121 E. Preston St

20. FILED 8-30 1937 Registrar. Washington Boulevard, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-29-1937

22. I HEREBY CERTIFY, That I attended deceased from 8-23, 1937 to 8-29, 1937
I last saw her alive on 8-28, 1937 Death is said to have occurred on the date stated above, at 2.20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Inguinal Hernia	
Bronchopneumonia	
Other contributory causes of importance:	

Was an operation performed? Yes Date of .....
For what disease or injury? Repair Inguinal Hernia
Name of operation Herniorrhaphy
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Karl F. Meyer, M. D.
(Address) St. Agnes' Hospital

38626

✓ F 38626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35a C.C. 1877

1. PLACE OF DEATH Balto. City Hospitals — Registered No.

CITY OF BALTIMORE: (No. Bay View St., 12-7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 6 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Gover — If U. S. Veteran specify WAR

(a) Residence: No. 448 W. 23rd St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Feb. 12-1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	17 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Wilmer Gover

14. BIRTHPLACE (city or town) (State or country) Phoenix Maryland

MOTHER

15. MAIDEN NAME Lola Banks

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Wilmer Gover (Address) 448 W. 23rd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Tamar Phoenix Date Aug. 30, 37

19. UNDERTAKER Wm. C. Brooks & Son (Address) Govans, Md.

20. FILED 19 (Registrar)

AUG 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Aug 27 '37
Enteri-Colitis-G.C. Vaginitis	

Other contributory causes of importance:

Was an operation performed? Yes ✓ Date of ✓

For what disease or injury? ✓

Name of operation Clinical ✓ Date of ✓

What test confirmed diagnosis ✓ Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

38627 E 38627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2006 E 30th St., 7-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. 11 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles L. Rohde

If U. S. Veteran specify WAR

(a) Residence: No. 2006 E. 30th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~last wife of~~ Dorothy Rohde

6. DATE OF BIRTH (month, day, year): Aug 31 1900

7. AGE: Years 36 | Months 11 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shipbuilder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): City

FATHER

13. NAME: Theodore H. Rohde

14. BIRTHPLACE (city or town) (State or country): City

MOTHER

15. MAIDEN NAME: Elizabeth Simpson

16. BIRTHPLACE (city or town) (State or country): City

17. INFORMANT: Dorothy Rohde

(Address) 2006 E 30th St

18. BURIAL, CREMATION, OR REMOVAL

Place: Bath Date: 8/30/37

19. UNDERTAKER: E. Boehm

(Address) 2006 E 30th St

20. FILED: AUG 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/27/1937

22. I HEREBY CERTIFY, That I attended deceased from June 1937 to 8/27/37 19

I last saw him alive on 8/26/37. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis. — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. Fiddy M. D.

(Address) 5705 Harford Rd

38628 F 38628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 W. North Ave. St., 15-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William L. Zimmerman

(a) Residence: No. 1805 W. North Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. Amelia V. Zimmerman

6. DATE OF BIRTH (month, day, year) Jan. 4, 1869.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Zimmerman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dr. Amelia V. Zimmerman (Address) 1805 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Pk. Date Dec. 30, 19

19. UNDERTAKER Harry N. Mitchell (Address) 401 Edmondson Ave.

20. FILED AUG 30 1937 Registrar Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 27th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1937, to Aug 27, 1937

I last saw him alive on Aug. 27 d, 1937. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harris Goodman, M. D.

(Address) 1816 W. North Ave.

F 38629 HEALTH DEPARTMENT—CITY OF BALTIMORE F 38629

CERTIFICATE OF DEATH

V 47-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 S. Mount St. 19-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Martin Doll

(a) Residence: No. 310 S. Mount St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 8, 1889.

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
48	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Spinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Henry Doll

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Doering

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Elizabeth Doering
(Address) Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug. 30/37

19. UNDERTAKER Harry A. Kutsch
(Address) 4101 Edmondson Ave.

20. FILED AUG 30 1937 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 23 1937 to Aug. 26 1937

I last saw him alive on Aug. 26 1937. Death is said to have occurred on the date stated above, at 8.20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung -	? Nov 1937

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Anthony V. Bachmeyer M. D.

(Address) 37 S. Stricker St

38630 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 38630

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St., 19-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Lois Van Gorder

If U. S. Veteran specify WAR

(a) Residence: No. 1424 Hollins St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edmond Van Gorder

6. DATE OF BIRTH (month, day, year) Nov. 10, 1872.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Little Rock (State or country)

FATHER

13. NAME Kinkle

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Catherine Bierck

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Roland White (Daughter)

(Address) 1424 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Pk. Date Dec. 30, 19 37

19. UNDERTAKER Harry A. Little

(Address) 4101 Raymond Ave.

20. FILED Dec 30 1937 Huntington Nottingham Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-24-37, 19, to 8-26, 1937

I last saw h[illegible] alive on 8-26, 1937 Death is said to have occurred on the date stated above, at 8:00? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary metastatic sites	
Primary adenocarcinoma Cardia Stomach	

Other contributory causes of importance:

Marasmus	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas B. Garcke M. D.

(Address) Bon Secours Hosp

38631 F 38631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 33rd St. St. 12-7 Ward)

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Mary E. Walker

(a) Residence: No. 813 Delbey Ave. Haggerstown, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Walker

6. DATE OF BIRTH (month, day, year) Jan. 14, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Cary McClelland

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Mary Greer

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT (Address) Mrs. James C. Walker 813 Delvey Ave - Hagerstown

18. BURIAL, CREMATION, OR REMOVAL Place Martinsburg W. Va. Date Aug 30, 37

19. UNDERTAKER (Address) Wm. J. Fechtman & Son Martinsburg W. Va.

20. FILED Aug 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937 to Aug 27, 1937

I last saw h[illegible] alive on Aug 27, 1937 Death is said to have occurred on the date stated above, at 11:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture, simple, of intertrochanteric section, right	July 11, 1937
Terminal Bronchopneumonia	Aug 27/37
Other contributory causes of importance: Carcinomatosis	over

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury July 7 1937

Where did Injury occur? Hagerstown Md. (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in Home, or in public place Accidental Fall to floor

Manner of injury No Inquest necessary

Nature of injury Fx R. Hip-Reinforced Cement

24. Was disease or injury in any way related to occupation of deceased? If so, specify SUNDAY

(Signed) S. D. Sussy M. D.

(Address) Union Memorial Hospital

333223
38632

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38632

CERTIFICATE OF DEATH

✓ 46-E

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 27-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dr. William F. Brenkhoff

If U. S. Veteran specify WAR .....

(a) Residence: No. 7 Whitfield St., Rd Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/30/5-5

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Surgeon

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Francis Brenkhoff

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eliz. Bamhausen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records — JOHNS HOPKINS HOSPITAL
(Address)

18. [redacted] L, CREMATION, [redacted] L.
Place Loudon Park Date Aug. 30th 37
Cor Fulton & Pratt Sts

19. UNDERTAKER Geo M. Fink & Son
(Address) 811 N Wolfe St

20. FILED

AUG 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1937 to Aug 29, 1937

I last saw him alive on Aug 29, 1937 Death is said to have occurred on the date stated above, at 8:05-A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary carcinoma of liver	Indef.
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. A. Brennan, M. D.

(Address) Johns Hopkins Hosp.

8633 E 38633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Phillip Nowicki, Jr. If U. S. Veteran specify WAR

(a) Residence: No. Elkton, Md. St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 26, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Phillip Nowicki, Sr.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Alice May Carroll

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT John Nowicki (Address) 282 S. Robinson St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date Aug 30 1937

19. UNDERTAKER Fred W. Ozdzewski (Address) 1930 Eastend Ave.

20. FILED Aug 30 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 28, 1937.

22. I HEREBY CERTIFY, That I attended deceased from August 12, 1937 to August 28, 1937.

I last saw h. in alive on August 28, 1937. Death is said to have occurred on the date stated above, at 6:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastroenteritis	Aug 7 37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney Selman, M. D.

(Address) Union Memorial Hospital

AUG 30 1937

38634 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 38634

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1414 Carroll St. 21-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Young.

If U. S. Veteran specify WAR

(a) Residence: No. 1414 Carroll St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 3 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Amanda White

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Gertrude Day
(Address) 501 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lemmonty Date Aug 31 1937

19. UNDERTAKER Walter B. Spigler
(Address) 131 W. Hamburg St.

20. FILED Aug 30 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1937 to Aug 27, 1937
I last saw him alive on Aug 27, 1937 Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	

Other contributory causes of importance:

Toxemia

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Sputum, Urine Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) S S Stamps M. D.

(Address) 501 W Hamburg St.

G 30 1937

38635

HEALTH DEPARTMENT—CITY OF BALTIMORE

38635

CERTIFICATE OF DEATH

95-B

Registered No. OGK--24244

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Hazel Leech

(a) Residence: No. 1745 E. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Eddie C. Leach

6. DATE OF BIRTH (month, day, year) 12-19-~~1885~~ 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50 ~~51~~	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME William Devour

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME ~~Anna~~ Emma Meisler

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 30th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 19 Registrar.

AUG 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 3 1937 to August 27 1937

I last saw her alive on August 27 1937 Death is said to have occurred on the date stated above, at 4:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	June 1937
Other contributory causes of importance: Bronchopneumonia	8-20-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. C. de Lamater M. D.

(Address) Baltimore City Hospitals

38636

HEALTH DEPARTMENT—CITY OF BALTIMORE

38636

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2639 Ashland Ave Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clara J. Tellis

If U. S. Veteran specify WAR .....

(a) Residence: No. 2639 Ashland ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: late John C. Tellis

6. DATE OF BIRTH (month, day, year) Aug 18-1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Tilson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Harry W. Harp

(Address) 2639 Ashland ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Aug. 30 37

19. UNDERTAKER Philip Herwig Sons

(Address) 2316 Eutaw pl

20. FILED AUG 30 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 26. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, 19..., to Aug. 26-1937, 19...

I last saw her alive on Aug. 26-1937, 19... Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach,	June 1937

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation no

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) William J. Rowan M. D.

(Address) 801 N. Fremont Avenue

F 38637

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38637

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Ford

If U. S. Veteran specify WAR .....

(a) Residence: No. 1161 Thompson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Old Age Pensioner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Police Records — N. E. Station
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date 8-30-1937

19. UNDERTAKER Bryant & Janicki & Knight
(Address) 1201 N. Calvert St

AUG 30 1937 [illegible] Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Feb 1
Ulceration of Leg	1937

Other contributory causes of importance:

Was an operation performed? none Date of .....

For what disease or injury? no

Name of operation no Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
(If so) specify .....

(Signed) George L. Allen, M. D.
Coroner

(Address) 50 E. Lexington St

V 5 6

F 38638

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38638

CERTIFICATE OF DEATH

93-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 229 n Bond St. 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Maugie Robinson

(a) Residence: No. 229 n Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lee Robinson

6. DATE OF BIRTH (month, day, year) 5-22-1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rock Hill SC

FATHER

13. NAME Wm Kennedy

14. BIRTHPLACE (city or town) (State or country) SC

MOTHER

15. MAIDEN NAME Connie McNeal

16. BIRTHPLACE (city or town) (State or country) Chester SC

17. INFORMANT Annie Kennedy (Address) 229 n Bond

18. BURIAL, CREMATION OR REMOVAL Place Mt Calvary Cem Date 8-30-1937

19. UNDERTAKER Baker Thomas & Berry (Address) 1 W Mt St Baltimore, Md

20. FILED ... 19 AUG 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27, 1937

22. I HEREBY CERTIFY, That I took charge of the deceased described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic — Date of onset Silent June 15 1937

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation no Date of .....

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify .....

(Signed) Jorge P. Allen M. D.

(Address) 5 N Arlington St

38639

HEALTH DEPARTMENT—CITY OF BALTIMORE

38639

CERTIFICATE OF DEATH

66-B

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1029 N. Chapel St., 7-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Irene Collins
If U. S. Veteran specify WAR .....

(a) Residence: No. 1029 N. Chapel St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Collins

6. DATE OF BIRTH (month, day, year) Sept. 20, 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) Seaford Delaware

FATHER

13. NAME Robert Chester

14. BIRTHPLACE (city or town) (State or country) On the high Seas

MOTHER

15. MAIDEN NAME Mary Ellen Lee

16. BIRTHPLACE (city or town) (State or country) East Newmarket Maryland

17. INFORMANT Jennie Chester
(Address) 1029 N. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date 8-30- 1937

19. UNDERTAKER Bryan & Manning & Wright
(Address) 218 N. McCulloh St.

20. FILED ..... 19..... Registrar.

AUG 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27 1937

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1937 to Aug. 27, 1937

I last saw h.. alive on Aug 26, 1937 Death is said to have occurred on the date stated above, at 4.20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exophthalmic Goiter	2yrs
Other contributory causes of importance: Thyro toxicosis	4 mths
Emaciation	2 mths

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? B.M.R. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis H. Lake M. D.

(Address) 1741 E. Eager St.

38640 F 38640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland Gen'l Hosp

CITY OF BALTIMORE: (No. ..... St., 1 - 3 Ward)

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 21 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Mary Lee Vick

If U. S. Veteran specify WAR .....

(a) Residence: No. 1143 Wiconico St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 19, 1919

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
17	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wilson N. C.

FATHER

13. NAME Paul D Vick

14. BIRTHPLACE (city or town) (State or country) Wilson N.C.

MOTHER

15. MAIDEN NAME Carrie J. Bowden

16. BIRTHPLACE (city or town) (State or country) Green County N.C.

17. INFORMANT (Address) Paul D. Vick 1143 Wiconico St.

18. BURIAL, CREMATION, OR REMOVAL
Place Wilson N C Date 8/30/37 19

19. UNDERTAKER (Address) Howard F. Bliss Jr. 4914 Belair Road.

8/30 1937 19 Registrar

Eastern Wilkerson, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-29 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-6-37, 19..... to 8-29-37, 19.....

I last saw h.. alive on 8-28-3, 19..... Death is said to have occurred on the date stated above, at 955A m.

The principal cause of death and related causes of importance were as follows:

1 Advanced Tuberculosis of both Lungs — Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) J. Tolman, M. D.

(Address) Maryland Gen'l Hosp

8641

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38641

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 East Biddle St., 11-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 89 yrs. 4 mos. 3 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Isabel Duer

If U. S. Veteran specify WAR .....

(a) Residence: No. 211 East Biddle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 28 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	89	4	3 1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Duer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Henrietta Dorsey Adgate

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT John Duer
(Address) Pikesville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date Aug 30th 1937

19. UNDERTAKER Henry Wenkein & Son
(Address) Edmondson Ave & Collock St

AUG 30 1937 Elsie Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29th 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 27 1937 to Aug 29 1937

I last saw her alive on Aug 29 1937 Death is said to have occurred on the date stated above, at 2-10 A.m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Myocarditis	Profound

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W H Healy M. D.

(Address) 146 Stricker

F 38642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

F 38642

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4614 Roland Ave. St., 27-44 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME E. FLORENCE WIEGAND

(a) Residence: No. 4614 Roland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dr. Wm. E. Wiegand

6. DATE OF BIRTH (month, day, year) July 28. 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles Bennett Green

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Virginia M. Griffin

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mr. Henry H. Wiegand
(Address) 4614 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Aug. 30. 1937

19. UNDERTAKER HENRY SANDER & SONS. INC.
(Address) Baltimore & Broadway.

20. Filed Aug 30 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 27. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb- 19, 1935, to Aug 26, 1937.

I last saw he alive on Aug 26, 1937. Death is said to have occurred on the date stated above, at 5.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia	2 days
Arterio-sclerosis	2/19/35
Carcinoma (Intestinal)	6/15/35
Left Hemiplegia, Cerebral Hemorrhage	4/4/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Gibson Porter, M. D.

(Address) 4822 Roland Ave

53

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 38643 ✓ 131 F 38643

F 38643

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 703 Belgian Ave. St., 27-10 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME MRS. MARY A. SCHOENHALS

(a) Residence: No. 703 Belgian Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Schoenhals

6. DATE OF BIRTH (month, day, year) Feb. 6, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Gotfried Bergund

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Augusta ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anna M. Goetzinger
(Address) 703 Belgian Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cemetery Date Aug. 30. 1937

19. UNDERTAKER HENRY SANDER & SONS. INC.
(Address) Baltimore & Broadway.

AUG 30 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1937 to Aug. 27, 1937

I last saw her alive on Aug 27, 1937 Death is said to have occurred on the date stated above, at 7.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension - Cardio - Vascular Renal disease	?
Other contributory causes of importance: Broncho - pneumonia	Aug 25 1937

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lloyd C. Taylor M. D.

(Address) 3957 York Road.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38644 CERTIFICATE OF DEATH 26015—37 F 38644

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City nospts. St. 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Blackburn

If U. S. Veteran specify WAR

(a) Residence: No. 426 W. Biddle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Davis (D)

6. DATE OF BIRTH (month, day, year) 2-28-[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME Sam Gross

14. BIRTHPLACE (city or town) Balto.
(State or country) Md.

MOTHER

15. MAIDEN NAME Susan Jones

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

17. INFORMANT Records of Balto. City nospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date aug 31 1937

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-27-1937

22. I HEREBY CERTIFY, That I attended deceased from 8-21, 1937, to 8-27, 19..

I last saw her alive on 8-27, 1937. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
uterine fibroid	Unknown
Circulatory failure	about 8/25

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L.K. Woodward Jr. M. D.

(Address) Balto. City Hosp

38645 E 38645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1124 E Lombard St. 3-Z Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Effie Randall If U. S. Veteran specify WAR .....

(a) Residence: No. 1124 E Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas R

6. DATE OF BIRTH (month, day, year) Sept 5-1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D C

FATHER

13. NAME Eddie Bevans

14. BIRTHPLACE (city or town) (State or country) Wash D C

MOTHER

15. MAIDEN NAME Lena Bevans

16. BIRTHPLACE (city or town) (State or country) Wash D C

17. INFORMANT Mrs Lena Bevans

(Address) 1121 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Mt Calvary Cem Date Aug 30 1937

19. UNDERTAKER Thos S Kreutzer Sons

(Address) 2158 Frederick Ave

20. FILED Aug 30 1937 Wilbur H Foster Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Aug 21 1937

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation no Date of .....

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) George C Calle M. D.
Coroner

(Address) 50 Lexington West

F 38646

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38646

CERTIFICATE OF DEATH

20177 JS 81

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Perry Huffington

(a) Residence: No. 227 N. Gilmor St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Huffington

6. DATE OF BIRTH (month, day, year) 11-12 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Del.

FATHER

13. NAME Mark

14. BIRTHPLACE (city or town) (State or country) Del.

MOTHER

15. MAIDEN NAME Harriett ?

16. BIRTHPLACE (city or town) (State or country) Del.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Aug 30, 1937

19. UNDERTAKER Mrs Katie B. Williams

(Address) 322 N. Schroeder St

Aug 30 1937 Eugene Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1937, to August 27, 1937

I last saw him alive on August 27, 1937. Death is said to have occurred on the date stated above, at 11:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Amyotrophic lateral sclerosis	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

38647

HEALTH DEPARTMENT—CITY OF BALTIMORE

38647

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 Mulberry St., 19-1 Ward)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Maggie Young

(a) Residence: No. 1620 Mulberry St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Young

6. DATE OF BIRTH (month, day, year) Feb 2 18[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) 8-15-37

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) St Mary's Co Md

FATHER

13. NAME Eddie Hopps

14. BIRTHPLACE (city or town) (State or country) St. Mary's Md

MOTHER

15. MAIDEN NAME Mary Buttler

16. BIRTHPLACE (city or town) (State or country) St. Mary's Md

17. INFORMANT (Address) John Young 1620 Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lion Date Aug. 31, 37

19. UNDERTAKER Mrs Katie R. Williams

(Address) 3221 Schroeder St

20. FILED ... 19...

[illegible] 30 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-27-1937

22. I HEREBY CERTIFY, That I attended deceased from 8-16-1937, to 8-27-1937

I last saw her alive on 8-27-1937. Death is said to have occurred on the date stated above, at 11:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebal hemorrhage	8-16-37

Other contributory causes of importance:

Arterio Sclerosis & hypertension	unknown

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? physical examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Frank H Saunders, M. D.

(Address) 1029 N Stricker St

38346 6

38648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-c

F 38648

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 1-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Norman Wallheidi

If U. S. Veteran specify WAR .....

(a) Residence: No. 1101 S. Patterson Ward. St -

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1/5/36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1 yr	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mary Land

FATHER

13. NAME Amos Wallheidi

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Lillian Miller

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Records - (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place MT Carmel Date 8/31 37

19. UNDERTAKER John J. Duda (Address) 28 N Hudson St

E. E. Williams (Signature) Embalmer

20. FILED AUG 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 19 1937 to Aug 29 1937

I last saw him alive on Aug 29 1937. Death is said to have occurred on the date stated above, at 7a m.

The principal cause of death and related causes of importance were as follows:

By sentery type undetermined — Date of onset Aug 16 37

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James W. Howland M. D.

(Address) Johns Hopkins Hospital

Minnie Swackhamer Grant

HEALTH DEPARTMENT—CITY OF BALTIMORE

#26029

F 38649

CERTIFICATE OF DEATH

127-3

F 38649

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ~~Smeckum~~ Swackhamer, Minnie Grant

If U. S. Veteran specify WAR

(a) Residence: No. 724 N. Gilmore St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married (sep.)

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sacaria ?

6. DATE OF BIRTH (month, day, year) 8/9/~~1866~~ 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65 ~~71~~	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Nyland

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Hern

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Aug 30 1937

19. UNDERTAKER V. G. Brooks

(Address) 1139 N. Carey St

AUG 30 1937 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-21, 1937, to 8-26, 1937

I last saw h.e.r. alive on 8-26, 1937. Death is said to have occurred on the date stated above, at 10.50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	about 8/24/37
Surgical Shock	8/25/37

Other contributory causes of importance

Was an operation performed? Yes Date of 8/25/37

For what disease or injury? Intestinal Obstruction

Name of operation Jejuno-ileostomy

What test confirmed diagnosis? Surg. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L.K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38650 CERTIFICATE OF DEATH 47-3 F 38650

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 28 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Hecker

(a) Residence: No. 118 N. Exeter St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Regina

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 65; Months; Days; If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

13. NAME: Dairy

14. BIRTHPLACE (city or town) (State or country): Austria

15. MAIDEN NAME: Gutte

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Israel Date 8/30/37

19. UNDERTAKER: Jack Laura Inc

(Address) 1434 E Baltimore St.

FILED 19 Registrar

AUG 30 1937 Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-29-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 8-26-37, 19 to 8-29-37, 19

I last saw h alive on 8-29-37, 19 Death is said to have occurred on the date stated above, at 10 30 A.m.

The principal cause of death and related causes of importance were as follows:

myocardial insufficiency — Date of onset 8-25-37

Other contributory causes of importance:

coronary sclerosis — 8-25-37

? bronchogenic ca of lung — 1932

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Alfred S Schwarz, M. D.

(Address) Sinai Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38651 — CERTIFICATE OF DEATH — ✓ 48 — F 38651

1. PLACE OF DEATH at Home — Registered No. ____

CITY OF BALTIMORE: (No. 3029 Weaver Ave St. 27-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Barbara Link — If U.S. Veteran specify WAR ___

(a) Residence: No. 3029 Weaver Ave. St., ___ Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced (or) WIFE of: John Link

6. DATE OF BIRTH (month, day, year): Jan 10, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Salisbury, N. C.

FATHER

13. NAME: Alois Buchnagel

14. BIRTHPLACE (city or town) (State or country): Switzerland.

MOTHER

15. MAIDEN NAME: Elizabeth Straesler

16. BIRTHPLACE (city or town) (State or country): Switzerland.

17. INFORMANT: Mrs. Alois H. Link (Address) 3029 Weaver Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Parkwood Date: Sept 1 37

19. UNDERTAKER: Fitch-Langdon & Son (Address) 7101 Belair Rd.

AUG 30 1937 — Livingston Williamson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1937 to August 29, 1937

I last saw her alive on Aug. 29, 1937. Death is said to have occurred on the date stated above, at 1:19 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix with metastasis to abdominal cavity.	Feb 1937

Other contributory causes of importance:

Was an operation performed? no Date of ___

For what disease or injury? ___

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ___, 19___

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) Arthur Kaufman M. D.

(Address) 4335 Hanford Road.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38652 CERTIFICATE OF DEATH 137 F 38652

1. PLACE OF DEATH Md. Gen'l. Hosp. Registered No.

CITY OF BALTIMORE: (No. St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles H. Byron If U. S. Veteran specify WAR

(a) Residence: No. 3021 Presstman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Byron

6. DATE OF BIRTH (month, day, year) Sept. 3, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad Emp.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) U. S. A.

17. INFORMANT Hosp. Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Sept. 1 1937

19. UNDERTAKER Wm. J. Tuck & Sons
(Address) Mosher & Fayette

19 Clifton Wilkes, MD

AUG 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-29 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-13 1937 to 8-29 1937

I last saw him alive on 8-29 1937 Death is said to have occurred on the date stated above, at 8.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	
Diverticulum Bladder	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 8-12-37

For what disease or injury Above

Name of operation Supra-Pubic prostatectomy

What test confirmed diagnosis Diverticulum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Ewald M. D.

(Address) Md. Gen'l. Hosp.

F 38653

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38653

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2210 Allendale Rd. Ward) 6

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Selina A. Collars

If U. S. Veteran specify WAR .....

(a) Residence: No. 2210 Allendale Rd St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A Collars.

6. DATE OF BIRTH (month, day, year) Nov. 22, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Basil C. Phillipps

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Donald Eugley

(Address) 2210 Allendale Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 30 1937

19. UNDERTAKER Tom Tuckey Sons

(Address) 2210 Allendale Rd

FILED Aug 30 1937 E. E. Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28. 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1933 to Aug 28 1937

I last saw h[illegible] alive on Aug 28 1937 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Vascular	Aug 33
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Fred B Jewett M. D.

(Address) 2516 Penn ave

F 38654

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38654

CERTIFICATE OF DEATH

49-a

1. PLACE OF DEATH St. Agnes' Hospital, 16-7

CITY OF BALTIMORE: (No. Wilkens + Caton Ave. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ma Hawra Chritzman

(a) Residence: No. 1228 Dukaland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John H. Chritzman

6. DATE OF BIRTH (month, day, year): Oct 6, 1880

7. AGE: Years 56 yrs. | Months 10 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (city or town) (State or country): Harrisburg Penna.

FATHER

13. NAME: Reuben

14. BIRTHPLACE (city or town) (State or country): Harrisburg Penna

MOTHER

15. MAIDEN NAME: Margaret.

16. BIRTHPLACE (city or town) (State or country): Balto - Md.

17. INFORMANT: Joseph Aten (son)

(Address) 1228 Dukaland St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Aug 31, 1937

19. UNDERTAKER: Mamye Syler

(Address) 1600 W Mount Ave

AUG 30 1937 Washington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/28/37, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1937, to August 28, 1937

I last saw h.e.r. alive on 3:30 PM, 8/28, 1937. Death is said to have occurred on the date stated above, at 3:40 PM

The principal cause of death and related causes of importance were as follows:

Carcinoma of Right Ovary and Metastases through out abdomen and Body.

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) K.B.F. Meeks, M. D.

(Address) Agnes' Hospital

38655

HEALTH DEPARTMENT—CITY OF BALTIMORE

38655

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 26-5 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Milen Kenneth Roser

(a) Residence: No. 417 S. Drew St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Roser

6. DATE OF BIRTH (month, day, year) 7/20/1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill-wright

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Mills

10. Date deceased last worked at this occupation (month and year) 8/27/37

11. Total time (years) spent in this occupation 6mos.

12. BIRTHPLACE (city or town) (State or country) East Palestine Ohio.

MOTHER FATHER

13. NAME George A. Roser

14. BIRTHPLACE (city or town) (State or country) New Brighton Penn

15. MAIDEN NAME Edna Saiver

16. BIRTHPLACE (city or town) (State or country) New Brighton Penn

17. INFORMANT (Address) Geo. H. Miller 1246 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem Date 9/1/1937

19. UNDERTAKER (Address) John J. Cowan & Son 901 Hollins St.

(Signed) Huntington Williams, M.D. Registrar.

FILED SEP 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia, due to Carbon-Monoxide gas from Kitchen range (Suicide)	Aug. 28-1937.
Acute Melancholia; no serious illness	some time

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? suicide Date of injury Aug. 28, 1937

Where did injury occur? 417 S. Drew St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury locked Kitchen door and turned on gas

Nature of injury Asphyxia

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Howard St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

#21500 SF

F 38656

CERTIFICATE OF DEATH

51-C.

F 38656

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 26-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John McCarthy

(a) Residence: No. 411 S Augusta Ave. - Irvington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) Aug. 31, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	60	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Richard

14. BIRTHPLACE (city or town) (State or country) N. I.

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cemetery 9/1/37

19. UNDERTAKER John J. Cowan & Son
(Address) 901 Hollins St.

20. FILED Sept 1 1937 Irvington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937, to August 28, 1937

I last saw him alive on August 28, 1937. Death is said to have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

38657

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38657

CERTIFICATE OF DEATH

95-B

Registered No. CGA--26074

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. [illegible] Ward) 20-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Katherine Deppe

(a) Residence: No. 1905 Penrose Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced (or) WIFE of Herman

6. DATE OF BIRTH (month, day, year) 3-25-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER FATHER

13. NAME Godfrey Silbernagle

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katherine Graber

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of Balto. City Hospital (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Western Cem Date Aug 30. 1937

19. UNDERTAKER John F. Lenny (Address) 715 Light St

20. FILED 19 Registrar.

AUG 30 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27. 1937

22. I HEREBY CERTIFY, That I attended deceased from August 23. 1937. to August 27. 1937

I last saw her alive on August 27. 1937. Death is said to have occurred on the date stated above, at 3:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Unknown

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. A. De Santille M. D.

(Address) Baltimore City Hospitals

38658 F 38658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

114-B

38658

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 20 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME WILLIAM DAVIS

(a) Residence: No. 717 W. FRANKLIN St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Davis

6. DATE OF BIRTH (month, day, year) July 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dinwiddie Co. Va.

MOTHER FATHER

13. NAME Tony Davis

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Emaline Johnson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) Mrs Queen Dinwiddie 650 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL Place McKinney Va. Date Aug 31, 1937

19. UNDERTAKER (Address) Adolphus Halstead 1628 Druid Hill Ave.

20. FILED ... 19... Registrar

AUG 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-28-37, 19...

22. I HEREBY CERTIFY, That I attended deceased from 7-9-37, 19... to 8-28-37, 19... I last saw h IM alive on 8-28-37, 19... Death is said to have occurred on the date stated above, at 3:20 A m.

The principal cause of death and related causes of importance were as follows:

Date of onset
7-9-37
Aug 1937
over

LUNG ABSCESS Right

LUNG ABSCESS Left

Other contributory causes of importance:

Was an operation performed? Yes Date of 7-29-37

For what disease or injury? LUNG ABSCESS

What test confirmed diagnosis? X RAY & CLINICAL Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify.

(Signed) W Brumby Waller M. D.

(Address) University Hospital

38659

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38659

CERTIFICATE OF DEATH # 25865--C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts St. 11-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bessie Thomas

(a) Residence: No. 1109 Druid Hill Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry

6. DATE OF BIRTH (month, day, year) 6-18-1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Talbott (D)

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Charlotte Squirrel (D)

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel cem Date Aug 30 1937

19. UNDERTAKER Hugh H. Nelson
(Address) 1303 Pennsylvania Ave

20. FILED
AUG 31 1937 Lexington Williams D

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1937, to August 26, 1937

I last saw her alive on August 26, 1937. Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	June 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. G. DeLaughter, M. D.

(Address) Baltimore City Hospitals

38660 F 38660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital St., 14-2 Ward)

Registered No. 121

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Webster Johnson

(a) Residence: No. 1427 Madison Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 13 - 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carrollton Va

FATHER

13. NAME John Johnson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Cora Jordon

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Myrtle Williams

(Address) 1427 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Smithfield Va Date 9/ 1937

19. UNDERTAKER Charles Alexander

(Address) 1226 N. Carlton St.

20. FILED Aug 30 1937 Huntington Williams, M. D. Registrar

USE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1937

22. I HEREBY CERTIFY, That I was in charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, Autopsy or Investigation that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Investigation)

Inquest & Autopsy

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia and Peritonitis Following Opening of Abdomen due to Ruptured Appendicales	Aug 8 1937
Other contributory causes of importance:	

Was an operation performed? Yes Date of Aug 12-1937

For what disease or injury Ruptured Appendicales

Name of operation Opening of Abdomen Date of Aug 12-37

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo L. Callen, M. D.

Coroner

(Address) 50 Pensylvania Ave

M. D. B. 1268-9

✓ F 38661

38661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3557 Third St., 25-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Solloway

(a) Residence: No. 3557 Third St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8/27/37

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles Davis Solloway

14. BIRTHPLACE (city or town) (State or country) Chester Pa.

MOTHER

15. MAIDEN NAME Clara Marie Potter

16. BIRTHPLACE (city or town) (State or country) Lansdowne Md.

17. INFORMANT Clara Marie Solloway
(Address) 3557 Third St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. H. Nokren AUG 30 1937
Commissioner of Health

19. UNDERTAKER
(Address)

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/27, 1937, to 8/27, 1937

I last saw her alive on 8/27, 1937. Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	8/27/37

Other contributory causes of importance:

Name of operation NONE Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) Paul Lubin, M. D.

(Address) 320 Patapsco Ave

3557

38662 HEALTH DEPARTMENT—CITY OF BALTIMORE 38662

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH Bd Gen Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16-8 Ward)

Length of residence in city, or town where death occurred 69 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Charles S. Ferguson If U. S. Veteran specify WAR .....

(a) Residence: No. 623 Granby St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary Ferguson

DATE OF BIRTH (month, day, year) September 28 '67

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Embossing Room

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gillet Mfg Co Inc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 ?

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Wm J. Ferguson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Fox

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Mary Ferguson

(Address) 623 Granby St

18. BURIAL, CREMATION, OR REMOVAL

Place Stone Chapel Date Aug 31 1937

19. UNDERTAKER Gordon Funeral Home

(Address) 7101 Frederick Ave Baltimore, Md

20. FILED SEP 3 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1937 to Aug 28, 1937

I last saw h... alive on Aug 27, 1937 Death is said to have occurred on the date stated above, at 7:00 A.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis

Arteriosclerosis & Nephritis

Other contributory causes of importance:

Date of onset

Was an operation performed? Yes Date of 8-21-37

For what disease or injury? Prostatic Hypertrophy

Name of operation Supra-pubic Prostatectomy

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) R. L. Ewell Jr. M. D.

(Address) Md. Gen'l. Hosp.

F 38663

38663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 S. Bruce St. St., 19-H Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 6 mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Bette L. Reeb.

(a) Residence: No. 204 S. Bruce St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) February 11, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Reeb.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Viola Shaffer.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Viola Reeb. (mother)

(Address) 204 S. Bruce St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 8-31-30, 1937

19. UNDERTAKER George Schubert

(Address) 211 Caroline Ave.

FILED AUG 31 1937 [illegible]

V 8 6

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) August 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Whooping cough.	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

8/30/37 (Signed) [illegible] Coroner, M. D.

(Address) 1017 S. Charles St.

M. D. B. 1268-9

✓ F 38664

38664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2418 Calverton Rd. St., 16-5 Ward.

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Claudia M. Alexander

(a) Residence: No. 2418 Calverton Rds. Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry A. Alexander

6. DATE OF BIRTH (month, day, year) May 27 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month, day, year) May 1937

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Richard McConnie

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Maria Steinfetter

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Harry A. Alexander

(Address) 2418 Calverton Rds. Ave.

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn Memorial Park Aug 31 1937

19. UNDERTAKER Newton Long

(Address) Hyattsville Md.

AUG 30 1937 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/29, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 5 1937 to Aug 29 1937

I last saw her alive on Aug 29 1937 Death is said to have occurred on the date stated above at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis Hypertension	indefinite
Other contributory causes of importance:	
cerebral hemorrhage	5 days

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19.....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. T. Lyons M. D.

(Address) 3921 Fredonia Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

333766 F 38665

CERTIFICATE OF DEATH

119 F 38665

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Benton

If U. S. Veteran specify WAR

(a) Residence: No. 207 S. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 11-8-36

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Benton

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Frances Scott

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Aug 30 37

19. UNDERTAKER Randall & Harper
(Address) 1405 Eutaw St.

AUG 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1937 to Aug 27, 1937

I last saw him alive on Aug 27, 1937 Death is said to have occurred on the date stated above, at 8 40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Non-Syphilic Diarrhea	1 week
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jno H. Haviland, M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

38666 F 38666

CERTIFICATE OF DEATH

46-D 4 - 3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hosp St. 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 48 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME August Surdi

(a) Residence: No. 129 Warren Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Surdi

6. DATE OF BIRTH (month, day, year) Sept. 12 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER FATHER

13. NAME Carl Surdi

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Marian Marcelene

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs. Caroline Surdi

(Address) 129 Warren Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Sept. 1, 1937

19. UNDERTAKER John J. Henry

(Address) 715 Light St

20. FILED AUG 30 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 18, 1937 to August 29, 1937

I last saw h[illegible] alive on August 27, 1937. Death is said to have occurred on the date stated above, at 12:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum - sigmoid	[illegible]
Other contributory causes of importance:	
Bronchopneumonia	August 28

Was an operation performed? Yes Date of August 14, 1937

For what disease or injury? Carcinoma of rectum - Sigmoid

Name of operation Colostomy

What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elton Resnick, M. D.

(Address) S. B. Gen. Hosp

M. D. H. 1268-9

Henry Slade ✓ F 38667

HEALTH DEPARTMENT—CITY OF BALTIMORE

38667

CERTIFICATE OF DEATH

137

Registered No. .....

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 15th Division St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Henry Slade

(a) Residence: No. 2[illegible] Division St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... North Carolina
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Geo. Smith
(Address) 2[illegible] Division

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL AUG 30 1937 19....
Commissioner of Health
Per H. A. Moore

19. UNDERTAKER Huntington Williams
(Address)

8/30 1937 [illegible] 3135

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-23, 19..., to 8-25, 19...

I last saw h[illegible] alive on 8-25, 19... Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Coma	
Chronic nephritis	
Hypertension Cardio Renal	

Other contributory causes of importance:

Name of operation Lapratomy Date of 24 8

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

F 38668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 38668

24

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 12-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? Lifetime yrs. mos. ds.

2. FULL NAME Helen M. Wieland

If U. S. Veteran specify WAR

(a) Residence: No. 2004 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/21/35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	—	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thos. H. Wieland

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Helen Gordon

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Oakwood Cem Date 8/31/37

19. UNDERTAKER Chas. E. Thurston
(Address) 1112 W. Mt. Royal Ave

Registrar.

AUG 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 19 1937 to Aug 27 1937

I last saw h[illegible] alive on Aug 27 1937 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James H. Haviland, M. D.

(Address) Johns Hopkins Hospital

✓ F 38669

38669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4009 Manchester St. 15-10. Ward.)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isaac Sonneborn

If U. S. Veteran specify WAR .....

(a) Residence: No. 4009 Manchester Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara B. Sonneborn

6. DATE OF BIRTH (month, day, year) Aug. 6, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Buyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Radio & Wire

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cumberland Md.

FATHER

13. NAME Isaac Sonneborn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sarah Price

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT M. L. Sonneborn

(Address) 4009 Manchester Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebr. Cem. Date Aug 31 1937

19. UNDERTAKER Sand Bondheim & Co.

(Address) 1962 Eutaw Pl.

20. FILED Huntington W. Va. Aug 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 28th, 1937 to Aug 29th, 1937

last saw h.. alive on August 29, 1937 Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Aug 29th
(Last Heart attack during last year.)	

Other contributory causes of importance: Arterio Sclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Joseph E. Gibson, M. D.

(Address) 320 Garrison Blvd.

38670 ✓ E 38670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md. 6-7

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World War

2. FULL NAME Albert J. McGrath

(a) Residence: No. 2628 E. Baltimore St., Balto. Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace M. Kelly McGrath

6. DATE OF BIRTH (month, day, year) June 5, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Globe Brewing Co.

10. Date deceased last worked at this occupation (month and year) 4-14-37

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) Brooklyn,
(State or country) New York

FATHER

13. NAME Michael J. McGrath

14. BIRTHPLACE (city or town) Brooklyn
(State or country) New York

MOTHER

15. MAIDEN NAME Katherine A. McMahon

16. BIRTHPLACE (city or town) Richmond
(State or country) Virginia.

17. INFORMANT Records- U.S. Marine Hospital,
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place Interbath bg Date Aug 31 193

19. UNDERTAKER John J. Moran
(Address) 3006 E. Balto St.

20. FILED ..... 19..... Registrar.

AUG 30 1937 City of Baltimore, MD.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1937, 19..... to August 28, 1937

I last saw him alive on August 28, 1937 Death is said to have occurred on the date stated above, at 6:49a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, bronchogenic, pulmonary, right	Dec. 1936
Other contributory causes of importance:	

Was an operation performed? yes Date of 8-10-12-37

For what disease or injury? Carcinoma, bronchogenic, pulm.

Name of operation Thoracentesis

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) I. B. H. Anderson, M. D.
I. B. H. Anderson

(Address) U. S. Marine Hospital, Balto. Md.

✓ F 38671

M. D. B. 1268-0

38671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-A

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3311 Ravenwood St. 8-1 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Turner, Harry A.

(a) Residence: No. 3311 Ravenwood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jamelo Turner

6. DATE OF BIRTH (month, day, year) Aug 15 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Electric Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) ~

MOTHER

15. MAIDEN NAME ~

16. BIRTHPLACE (city or town) (State or country) ~

17. INFORMANT Mrs Dugost
(Address) 3311 Ravenwood

18. BURIAL, CREMATION, OR REMOVAL Sept 2-37
Place Holy Redeemer

19. UNDERTAKER Jos J. Sturbitzow
(Address) 3001 Kentucky ave

20. FILED ..... Registrar.

SEP 2 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/30/37

22. I HEREBY CERTIFY, That I attended deceased from 8-26-37 to 8-30-37

I last saw him alive on 8-28 1937 Death is said to have occurred on the date stated above, at 2 10 A m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset 1932

Other contributory causes of importance:

Cerebral hemorrhage — 8-26-37

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury ~

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Milton C. Lang M. D.

(Address) 2117 Belair Rd

38672 F 38672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St. 28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine A. Wiegand

If U.S. Veteran specify WAR .....

(a) Residence: No. German Aged Home St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Wiegand

6. DATE OF BIRTH (month, day, year) Sept. 28, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	87	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

13. NAME Nicholas Gross

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Landwehr

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records German Aged Home

(Address) Athol Ave., Irvington

18. BURIAL, CREMATION, OR REMOVAL St. Paul's Fifth Place Reformed Ch. Cem. Date Sept. 1 19 37

19. UNDERTAKER Albert Hook

(Address) 1003 W. Baltimore St.

20. FILED SEP 30 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 30, 19 37

22. I HEREBY CERTIFY, That I attended deceased from June 1/37. 19 ..... to Aug. 30/37. 19 ..... I last saw her alive on Aug. 28/37. 19 . Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	Unknown.
Other contributory causes of importance:	
Acute Catharral Jaundice	Aug. 5/37.

Was an operation performed? No. Date of .....

For what disease or injury? .....

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signature) Henry Heidenheim M.D.

(Address) 933 Hanover St.

38673 ✓ F 38673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. 21-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1330 Washington Blvd. St.) (21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stewart F. N. Layton

If U.S. Veteran specify WAR

(a) Residence: No. 1330 Washington Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 16, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mutual Work

10. Date deceased last worked at this occupation (month, day, year) January 1935

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles W. Layton

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Elizabeth Arthur

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. Arthur Layton
(Address) 3128 Abell Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Aug. 31 19 37

19. UNDERTAKER Robt. H. Cook
(Address) 1003 W. Baltimore St.

AUG 30 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 27 . 1937 to Aug 29 . 1937

I last saw him alive on Aug 29 . 1937 Death is said to have occurred on the date stated above, at 5.30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Aug 27 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis Examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) G. W. Billings M. D.

(Address) 2224 W. North Ave.

38674 E 38674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Joseph's Hospital 210-M

CITY OF BALTIMORE: (No.) St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR Record

2. FULL NAME Gustav Valentine

(a) Residence: No. 216 Freemont St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 5-1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Ida Katz

(Address) 216 Freemont St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 8-31 1937

19. UNDERTAKER Wm Cook

(Address) 217 S. Paca St

20. FILED 19 Registrar.

Aug 30 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Fracture Skull	8/27
" Rt humerus	
" " tibia - fibula	
Shock	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ACC - Date of injury 8/27 1937

Where did injury occur? Walker Street between Biddle (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Fell in Auto, while

Nature of injury Crossing Street

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert Gardner Coroner M. D.

(Address) 100 E. Lexington

38675 F 38675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md. Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-4 Ward)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World War

2. FULL NAME William I. Tolley

(a) Residence: No. 940 N. Broadway, Balto. Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Willard Tolley

6. DATE OF BIRTH (month, day, year) Sept. 25, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William I. Tolley

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Bertha Beebe

16. BIRTHPLACE (city or town) (State or country) Solomons Is. Md.

17. INFORMANT (Address) Records- U.S. Marine Hospital Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date 8/31, 1937

19. UNDERTAKER (Address) Hudson & Cook 121 W. Lanvale St

20. FILED Aug 30 1937 Arlington Nelson, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 24, 1937, to August 28, 1937.

I last saw him alive on August 28, 1937. Death is said to have occurred on the date stated above, at 1:45p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, far advanced	6mos. ago
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) T. M. H. an duren, M. D.

(Address) U. S. Marine Hospital, Balto. Md.

38676 F 38676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital 210-M

CITY OF BALTIMORE: (No. ..... St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry T. Elmer If U. S. Veteran specify WAR Peace

(a) Residence: No. 1911 N. Front St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Aug 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tool Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tinsmith shop

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 40 +

12. BIRTHPLACE (city or town) (State or country) Cattonsville Md

FATHER

13. NAME John Adam Elmer

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Caroline Drost

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Mrs Harry Miller

(Address) 2413 Marshall Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 8/3 1937

19. UNDERTAKER H McCool

(Address) 217 E Lombard St

20. FILED ..... 19 ..... Registrar

Aug 3 1937 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Autopsy find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Internal Injuries	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 29, 1937

Where did injury occur? Joppa Road - Balto Co.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Automobile turned over

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Arthur Gurney Corner, M. D.

Coroner

(Address) 207 N Calvert St

✓ F 38677

38677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4301 Roland Ave. St., 27-14 Ward)

Length of residence in city or town where death occurred ...yrs. 10 mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Teresa M. Drennan

(a) Residence: No. Kirkleigh Villa 4301 Roland Ave. Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) Feb. 20, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
77	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Drennan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Maria T. Jomes

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Kirkleigh Villa Records

(Address) 4301 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL Brooklyn

Place Holy Cross N.Y. Date Aug 31 1937

19. UNDERTAKER Martin Fahey & Sons

(Address) 1827 West North Ave.

AUG 31 1937 Huntington Mathews, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to Aug 29, 1937

I last saw her alive on Aug 28, 1937. Death is said to have occurred on the date stated above, at 5-30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Myocarditis.	

Other contributory causes of importance:

Pulmonary Edema (Terminal)

Was an operation performed? None Date of —

For what disease or injury? —

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify None

(Signed) John C. Donahue M. D.

(Address) 108 S. Athol Ave.

E 38678

38678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B cc

Registered No. 1872

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 1115 S. Binney St., 1st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose E. McKee — U. S. Veteran specify WAR

(a) Residence: No. 1015 S. Binney St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Wm. J. McKee

6. DATE OF BIRTH (month, day, year) Sept. 23-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61 62	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Andrew Sterzy

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Keeley McKee (Address) 1015 S. Binney St.

18. BURIAL, CREMATION, OR REMOVAL

Place First Reformed Cem. Date Aug 31 1937

19. UNDERTAKER Stephen J. Fialkowski & Co

(Address) 1000 S. Conkling St.

20. FILED Aug 31 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 28. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest and find that said deceased came (Inquest, Autopsy or Inquiry) to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism — Date of onset Jul 1930

Other contributory causes of importance

Hx. history

Was an operation performed? Hx Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis Was there an autopsy? Hx

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Hx Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Hx If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

9-1937

Sagnet ✓F 38679

38679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 32-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Nellie Sagnet (Sagnet)

(a) Residence: No. 400 E. Chase St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theophile Sagnet

6. DATE OF BIRTH (month, day, year) Oct. 3, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Mr John Walsh

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Miss Mary Dodd

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Walter E. Cochran
(Address) Hereford, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 8/31 1937

19. UNDERTAKER Thomas Scott & Co.
(Address) 1217 E. Pratt

20. FILED AUG 30 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1937 to Aug. 29, 1937

I last saw her alive on Aug. 29, 1937. Death is said to have occurred on the date stated above, at 10.44 P m.

The principal cause of death and related causes of importance were as follows:

Pneumonia c Pleural Effusion — Date of onset 8-22-37

Diabetes Mellitus — Date of onset 0000

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Douglas H. Stone, M. D.

(Address) Union Memorial Hosp.

✓ F 38680

38680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred -- yrs. 8 mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

If U. S. Veteran specify WAR

2. FULL NAME Dr. Timothy Leonroy

(a) Residence: No. Frostburg St., Ward. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of Mrs. Anna H. (Conroy) (Anna Hanrathy) (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 10 1865

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
72	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own office

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Alleghany Co., Md.

FATHER

13. NAME Timothy Conroy

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Fogerson

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL St. Michael's Cemetery

Place Frostburg, Md. Date 9/2 1937

19. UNDERTAKER Henry U. Mears & Son

(Address) 805 W. Calvert St.

20. FILED Clayton Williams M.D. Registrar.

SEP 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 30. 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27 1937 to Aug. 30 1937

I last saw him alive on Aug. 30 1937 Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	
coronary thrombosis	Aug 22.
Cardiac failure	Aug 26
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. R. Robertson M. D.

(Address) Mercy Hosp.

Via B. & O. Railroad Escort - Mrs. Anna H. Conroy

E 38681

38681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1906 E. Fairmount Ave (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Tully

If U.S. Veteran specify WAR ...

(a) Residence: No. 1906 E. Fairmount Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) Oct 30 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51 52	9 10	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME John Francis Tully

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Kehoe

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Mary Tully 1906 E. Fairmount Ave

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept. 1 1937

19. UNDERTAKER Martin H. E. Dysart

(Address) 37 S. Carey St.

30 1937 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29 1937

22. I HEREBY CERTIFY, That I attended deceased from about July, 1936 to August 22 1937

I last saw h alive on August 29 1937 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	?

Other contributory causes of importance:

Chronic Myocarditis	

Was an operation performed? Yes Date of ?

For what disease or injury? Ca of larynx causing pressure on trachea

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Hyman L. Hirschoff M. D.

(Address) 2322 Eutaw Place.

F 38682

38682

HEALTH DEPARTMENT—CITY OF BALTIMORE

#26004
SF

CERTIFICATE OF DEATH

53-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Amelia Meeder

(a) Residence: No. 1252 Sargeant St. St., ...Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) 7/30/1881

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Henry Glee

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Emily ?

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Date Sept 2 1937

19. UNDERTAKER Frederick A Cole

(Address) 1200 W. Lombard St.

AUG 30 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1937 to August 29, 1937

I last saw her alive on August 29, 1937. Death is said to have occurred on the date stated above, at 8:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma	May 1936

Other contributory causes of importance:

Was an operation performed? Yes Date of May 25, 1936

For what disease or injury? Kidney

Name of operation Exploratory laparotomy

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) H. G. de Lautelle, M. D.

(Address) Baltimore City Hospitals

38683 F 38683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 25-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Fulton Hubbard — If U. S. Veteran specify WAR .....

(a) Residence: No. 1 Friendship Rd St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Geo Fulton Hubbard

6. DATE OF BIRTH (month, day, year) Aug 6 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lineman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Aug 37

11. Total time (years) spent in this occupation 5 mo

12. BIRTHPLACE (city or town) (State or country) Pretoss Md

FATHER

13. NAME Charles Clifford Hubbard

14. BIRTHPLACE (city or town) (State or country) Clifton Hubbard

MOTHER

15. MAIDEN NAME Martha E Kryock

16. BIRTHPLACE (city or town) (State or country) Hagerstown Md

17. INFORMANT Walter Hubbard
(Address) Mt Royal Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Harmony Cem. Date Sept. 2, 1937

19. UNDERTAKER Weer & Son Inc.
(Address) Sykesville Md.

20. FILED AUG 31 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30 37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Chest Injuries	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 8/29/37, 19

Where did injury occur? 1 mile W of Elkton City
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 1 Highway (Cecil)

Manner of injury Struck by Auto in auto Parked

Nature of injury Auto

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Herbert Gantz Otto, M. D.
Coroner

(Address) 517 N Charles St

38684

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38684

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 Argonne Drive 9-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Matthew Sahon

If U. S. Veteran specify WAR

(a) Residence: No. 1120 Argonne Drive Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, ~~Widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~: Jessie Agnes Sahon

7. DATE OF BIRTH (month, day, year): Feb 6-1891

7. AGE: Years 46 | Months 6 | Days 23 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Power Corp Steel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): New York

13. NAME: Matthew Sahon

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Catherine Roth

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Jessie Sahon

(Address): 1120 Argonne Drive

18. BURIAL, CREMATION, OR REMOVAL: London Park Date Sept 1st 1937

19. UNDERTAKER: Williams Coyle

(Address): 1217 St Paul St

20. FILED: 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1937, to Aug 29, 1937

I saw h[illegible] alive on Aug 27, 1937. Death is said to have occurred on the date stated above, 7:50 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion — Date of onset

Other contributory causes of importance: Acute Dilation

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state

(Signed) Edward Kaplan M. D.

(Address) Bel Air Hospital

38685

F 38685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3008 Abell Ave. St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward Pryce Jester

(a) Residence: No. 3008 Abell Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Wells Jester

6. DATE OF BIRTH (month, day, year) July 12, 1868.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	1	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W-R

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Abner Jester

14. BIRTHPLACE (city or town) (State or country) Del.

15. MAIDEN NAME Rachael VanTrump

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Annie Wells Jester

(Address) 3008 Abell Ave.

18. BURIAL, CREMATION, OR REMOVAL Aug. 31, 1937

Place Crumpton, Queen Anne Co., Md. Date

19. UNDERTAKER Harry A. Tuttle

(Address) 101 Madison Ave.

20. FILED AUG 31 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/19, 37, to 8/28, 1937

I last saw h[illegible] alive on 8/27, 1937 Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arthritis	5/19/37
Endocarditis	4/1913
Other contributory causes of importance: Chronic nephritis -	8/10/37
Myocardial insufficiency	8/26/37

Was an operation performed? None Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herald Carter M. D.

(Address) 1517 E. North Ave.

F 38686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-C

Registered No. 12-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 N. Calvert St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. -- mos. -- ds. How long in U. S. If of foreign birth 24 yrs. -- mos. -- ds.

2. FULL NAME Michael G. Geraghty. If U. S. Veteran specify WAR

(a) Residence: No. 1720 N. Calvert St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia A. Willard

6. DATE OF BIRTH (month, day, year) ----------

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 72	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) -------- Ireland

FATHER

13. NAME Not obtainable

14. BIRTHPLACE (city or town) (State or country) ------- Ireland

MOTHER

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) (State or country) ------- Ireland

17. INFORMANT Mrs. Amelia A. Geraghty

(Address) South Portland, Maine

18. BURIAL, CREMATION, OR REMOVAL Mt. Pleasant Cemetery 8/31 1937

Place S. Portland, Me.

19. UNDERTAKER

(Address)

FILED 19 AUG 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1935

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Samuel A. Wolfe M. D.

(Address) 1331 E. North Ave Attendant

F 38687

8687 332546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 27-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie Voermann

(a) Residence: No. 5112 Belair Rd St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry

6. DATE OF BIRTH (month, day, year): 8-28-66

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	0	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: John Goerken

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: meta meyer

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: St Pauls Cem Date: Sept 1, 37

19. UNDERTAKER: John Albert

(Address): 2008 Orleans St.

20. FILED: Lexington Mkt. Bal. Md.

SEP 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1937, to Aug 28, 1937

I last saw her alive on Aug 28, 1937. Death is said to have occurred on the date stated above, at 1150 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	1 yr.
with metastases in Liver + Lungs	

Other contributory causes of importance:

Arteriosclerosis, generalized	10 yrs.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles A. Janeway, M. D.

(Address) Johns Hopkins Hospital

F 38688

M. D. R. 1934
F 38688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3425 Foster Ave St. 26-7 Ward)

Length of residence in city or town where death occurred 60 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME Catherine Erhardt-Fooks

(a) Residence: No. 3425 Foster Ave St., .. Ward. ..
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Erhardt

6. DATE OF BIRTH (month, day, year) 2-2-1864

7. AGE	Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
	73	6	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lit home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

13. NAME John Eiser

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Ritter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Aug. Wieland
(Address) 115 Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lutheran Cem Date Aug 31 1937

19. UNDERTAKER John Ulrich
(Address) 2001 Eastern Ave

20. FILED Aug 31 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 22 1936 to Aug 29 1937

I last saw h[illegible] alive on Aug 29 1937 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular renal disease	
Other contributory causes of importance: Cerebral Apoplexy	6/23/37

Name of operation .. Date of ..

What test confirmed diagnosis? .. Was there an autopsy? ..

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .. Date of injury .. 19 ..

Where did injury occur? .. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ..

Manner of injury ..

Nature of injury ..

24. Was disease or injury in any way related to occupation of deceased? ..
No If so, specify ..

(Signed) Eugene Fetter M. D.

(Address) 2739 Eastern Ave

F 38689

38689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 186-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Lenox Ave (St.) Hebrew Home for Aged & Infirm (Ward) 27-7
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR ...

2. FULL NAME Mrs Rachel Weiner

(a) Residence: No. Belmont & Transpring Ave, St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nathan Weiner

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Thomas Wolf

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esther

16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT Sister

(Address) Belmont & Transpring Ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rosedale Date Aug 31 1937

19. UNDERTAKER Jos. Lewis Inc

(Address) 1516 E Balto St

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 30 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 1 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia.	

Other contributory causes of importance: Fracture of right femur

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/30 1937
Where did injury occur? In home, 2 floor
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury Fell in bath room
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Otto Coroner M. D.
Coroner
(Address) 215 Hanover

56

F 38690

Spec. —6-19-[illegible] 5M—1000 Bks.

F 38690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-C

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) NO. 654 H Parnell ave. ST. 26-6 WARD)

2-FULL NAME Frank Teller

(a) RESIDENCE. NO. 654 H Parnell ave. ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred [redacted] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	W	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Teller

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Teller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unkt.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant (Address) Louis Teller 2868 Fullerton St.

15 Filed [illegible], 19[illegible] [illegible] Registrar

SEP 1 1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 29 1937

17 I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1937, to Aug. 29, 1937, that I last saw h[illegible] alive on Aug 29, 1937, and that death occurred, on the date stated above, at 1 1/2 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Auricular Fibrillation

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. E. Davis M. D. M. D.

, 19 (Address) 31 Lushington Ct. 1-Dundalk.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary. DATE OF BURIAL Sept 1 1937

20 UNDERTAKER Fred W Gazenski ADDRESS 1930 Eastern Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38691 — F 38691

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 7-4 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR ....

2. FULL NAME Thornton Armstead

(a) Residence: No. 1030 McDonough St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lue

6. DATE OF BIRTH (month, day, year) 11/25/~~1868~~ 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min
~~20~~ 67 ~~00~~	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Tom

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Carbutus memorial Park Date 9-1 1937

19. UNDERTAKER Mrs. M. A. Elliott Daughter

(Address) 1129 N. Caroline St

20. FILED 9-1 1937 Williams, RP

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-28-1937

22. I HEREBY CERTIFY, That I attended deceased from 8-24-37, to 8-28-1937

I last saw h.~~im~~ alive on 8-28-1937 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy of prostate	Unknown
Acute uridary retention	four days
Pulmonary embolism	sudden

Other contributory causes of importance:

	over

Was an operation performed? yes Date of 8/27/37

For what disease or injury? Hypertrophy of prostate

Name of operation Supra pubic cystostomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L.K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38692

CERTIFICATE OF DEATH

F 38692

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 N Vincent St. 19-1 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frank Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 518 Vincent St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Johnson

6. DATE OF BIRTH (month, day, year) Jan 1 - 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pamlico NC.

FATHER

13. NAME Thomas Johnson

14. BIRTHPLACE (city or town) (State or country) NC.

MOTHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) NC.

17. INFORMANT Annie Johnson
(Address) 518 Vincent St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Aug 31, 1937

19. UNDERTAKER McKelvie & Wilkinson
(Address) 322 S. Schroeder St.

Aug 31 1937, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to death on the day stated above. 4-a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) O. Harry Graner M. D.
Coroner

(Address) 246 Hanover

F 38693 HEALTH DEPARTMENT—CITY OF BALTIMORE F 38693

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 W Lafayette St., 19-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Jackson

(a) Residence: No. 1609 W Lafayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jackson

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Md

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Md

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lola Thompson (Address) 1609 W Lafayette St.

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Lion Date Aug 31, 1937

19. UNDERTAKER Peter F. Wellington (Address) 322 N. Schroeder St

Signature Peter F. Wellington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above. 1:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration of disease	Date of onset
Cardio Vascular Renal Disease	Quite a while	1937

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Md Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) George L. Allen M. D. Coroner

(Address) 5 E. Fayette

S 6

8694

HEALTH DEPARTMENT—CITY OF BALTIMORE

8694

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 603 S Paca St., 22-2 Ward)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Arthur Smathers
(a) Residence: No. 603 S. Paca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Smathers

6. DATE OF BIRTH (month, day, year) Oct 8-1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	10	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME unk
14. BIRTHPLACE (city or town) (State or country) unk

MOTHER
15. MAIDEN NAME unk
16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Mrs Rexie Narraday
(Address) 1107 Warner St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Sept 2. 1937

19. UNDERTAKER Mrs Ida Bailey
(Address) 1421 Jefferson St

20. FILED AUG 31 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Fibrous Pneumonia	Aug 8 1937.

Other contributory causes of importance: Uri

Was an operation performed? None Date of
For what disease or injury? None
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George L. Allen M. D.
(Address) 550 Cathedral St

38695 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 38695

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Valley St., 10-1 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? 34 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Carthagey Bellestri

(a) Residence: No. 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Salamone

6. DATE OF BIRTH (month, day, year) 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Italy
(State or country)

FATHER

13. NAME Dominic Bellestri

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Josephine Carangi

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Sister Stanislaus, Sup
(Address) Little Sisters of the Poor

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 1, 1937

19. UNDERTAKER W. Fialkowski
(Address) 1618 Eastern Ave

20. FILED Aug 31, 1937 19

Vigliato Funeral Home by Paul Vigliato Pres

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1936 to Aug 30 1937

I last saw him alive on Aug 28 1937. Death is said to have occurred on the date stated above, at 11. A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
Other contributory causes of importance: Hypostatic Pneumonia	4 D.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Autopsy

What test confirmed diagnosis? Path Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. C. Carter M. D.

(Address) 1114 Hartford Ave

F 38696

38696 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

126

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. University Hospital) Ward 26-8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gladys A Kratz

(a) Residence: No. 4200 Connecticut Ave, St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (Write the word): Married

6a. If married, widowed, or divorced (or) WIFE of: Herman Kratz Jr.

6. DATE OF BIRTH (month, day, year): Jan. 6 1903.

7. AGE: Years 34 | Months 7 | Days 23. | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1931

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Frederick Beinhold

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Emma Schmeps.

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Herman Kratz Jr.

(Address): 4200 Connecticut Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Plz Date: Sept 1. 1937

19. UNDERTAKER: Harry H Jones

(Address): 4101 Edmondson Ave

20. FILED: 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/29. 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/22. 1937 to 8/29. 1937

I last saw her alive on 8/27. 1937. Death is said to have occurred on the date stated above, at 1:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron. cholecystitis	1936
Cholelithiasis	
Other contributory causes of importance: Peritonitis Peritoneal adhesions	1937

Was an operation performed? Yes. Date of 8/23/37

For what disease or injury? Ch. Cholecystitis & Cholelithiasis

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Jacob H. Greene, M. D.

(Address) Baltimore, Md.

38697

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38697

CERTIFICATE OF DEATH

25370--CM

51-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City nos ts. St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hays Williams

If U. S. Veteran specify WAR

(a) Residence: No. 314 Parrish St., (No Home) St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-4-1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Un.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME Ruffin Williams

14. BIRTHPLACE (city or town) N. C.
(State or country)

MOTHER

15. MAIDEN NAME Jane ?

16. BIRTHPLACE (city or town) W. Va.
(State or country)

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL AUG 31 1937 19
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED 19
Registrar.

31 1937

3455

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1937, to August 27, 1937

I last saw him alive on August 27, 1937. Death is said to have occurred on the date stated above, at 2.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. De Lamielle M. D.

(Address) Baltimore City Hospitals

F 38698

HEALTH DEPARTMENT—CITY OF BALTIMORE

38698

CERTIFICATE OF DEATH 12619--CM

53-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Georgia Glass

(a) Residence: No. 502 N. Carey St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Reuben (D)

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Gus Green

14. BIRTHPLACE (city or town) (State or country) Un.

15. MAIDEN NAME Kittie

16. BIRTHPLACE (city or town) (State or country) Un.

17. INFORMANT Records of Balto. City nospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL AUG 31 1937

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

FILED 19 Registrar.

31 1937

3456

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to August 23 1937

I last saw her alive on August 23 1937. Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor	1932
Bronchopneumonia	8-20-37
	coma

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

38699 F 38699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fred B. Pretlow

If U. S. Veteran specify WAR

(a) Residence: No. 805 Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Pretlow

6. DATE OF BIRTH (month, day, year) July 4, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gregory Va

MOTHER FATHER

13. NAME Perry Pretlow

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Elizabeth Terry

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ethel Pretlow

(Address) 706 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9/2/ 37

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pennsylvania Ave

20. FILED 1937, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8. 29. 1937

22. I HEREBY CERTIFY, That I attended deceased from 8. 17. 1937 to 8. 29. 1937

I last saw him alive on 8. 29. 1937 Death is said to have occurred on the date stated above, at 6:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia (Type III)	8.16.37
Other contributory causes of importance: none	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — What test confirmed diagnosis? clinical & bacteriological Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. D. Carr M. D.

(Address) 515 Marker St

M. D. B. 1268-9

38700 E 38700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4264 W. Fayette St. 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. 9 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Winfield Lee

(a) Residence: No. 729 W. Hoffman St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	22	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Robt. Jessie Winfield Lee

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Alice Edwards

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Alice Edwards

(Address) 729 W. Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Roswell Va Date Aug 31, 1937

19. UNDERTAKER Isaiah L Brown Son

(Address) 1015 W Monument St

20. FILED Aug 31 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28 37

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1937 to Aug 28 1937

I last saw h.... alive on Aug 27 1937 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset Aug 10

Other contributory causes of importance:

Toxemia as a result of Pneumonia

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Mark F Lewis M. D.

(Address) 1516 E Eager St.

✓ F 38701

38701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. 1877

1. PLACE OF DEATH Baltimore City Hospitals
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., [illegible] Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Brenner
If U. S. Veteran specify WAR

(a) Residence: No. 637 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Harry Brenner

6. DATE OF BIRTH (month, day, year) March 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME James ?

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Maggie Birch

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL AUG 31 1937
Commissioner of Health

19. UNDERTAKER Fur H. A. Moore
(Address)

FILED 31 1937, 19— Registrar.

54.4

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 27. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Neck left Femur	April 9-1937
Broncho-Pneumonia due to fall out of bed	Aug. 26-1937
Other contributory causes of importance fall, Alcoholism, Syphilis	12½ Yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident

Accident, suicide, or homicide? Date of injury Aug 26, 1937

Where did injury occur? Balto City Hospitals,
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Hospital

Manner of injury Fell out of bed, Aug 26-1937 sustained

Nature of injury Concussion in Coma death

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Broadway

38702 F 38702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

130

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. life mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Bessie Zahradka

(a) Residence: No. 1538-Aisquith Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - -

6. DATE OF BIRTH (month, day, year) May 17th, 1929

7. AGE	Years	Months	Days	If LESS than 1 day XXXXX or ... min.
	8	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Zahradka

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Alice Perkins

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Alice Zahradka

(Address) 1538-Aisquith Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date 7/1 19

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735-Harford Ave.

20. FILED ... 19... Registrar.

AUG 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/29/37. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	

Other contributory causes of importance:

Uremia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of No

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schenthal M. D.

Coroner

(Address) 1919 E. Monument Ave.

38703 F 38703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 115-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joy Bottom

(a) Residence: No. 112 Southbrook Lane, Pikesville Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 13, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Norman R. Bottom

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

MOTHER

15. MAIDEN NAME Madalene Harper

16. BIRTHPLACE (city or town) (State or country) W. Va

17. INFORMANT Mother

(Address) 112 Southbrook Lane

18. BURIAL, CREMATION, OR REMOVAL

Druid Ridge Cemetery Date Sept 2, 1937

19. UNDERTAKER Elmer W. Conkling & Son

(Address) 734 E. Lafayette St

20. FILED 1 19 Registrar.

1331

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-31-1937

22. I HEREBY CERTIFY, That I attended deceased from 8-25-1937 to 8-31-1937

I last saw h alive on 8-31-1937 Death is said to have occurred on the date stated above, at 8 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Tonsillitis, staphylococcus	
staphylococcus septicemia	8-22
Pharyngitis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Lichter M. D.

(Address) Sydenham Hosp.

38704 V F 38704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Crowe

(a) Residence: No. 3505 Hickory St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 8-30-37

8. AGE	Years	Months	Days	If LESS than 1 day, 5 hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Leroy Crowe

14. BIRTHPLACE (city or town) Cumberland, Md.
(State or country)

15. MAIDEN NAME Gladys Johnson

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date AUG 31 1937

19. UNDERTAKER Commissioner of Health
(Address) Per R. A. Moore

20. FILED ... 1937

3457

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/30, 19 37

22. I HEREBY CERTIFY, That I attended deceased from 12.43a.m. 8/30/37, 19 to 5:30a.m. 8/30/, 1937.

I last saw h[illegible] alive on 8-30-37 19 . Death is said to have occurred on the date stated above, at 5:30a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	
Multiple Visceral	
Hemorhages.	
Other contributory causes of importance:	
Prematurity	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Sidney Sinas, M. D.

(Address) Sinai Hospital

8705

V E 38705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 W. Franklin St. (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James D. Leek.

(a) Residence: No. 1818 W. Franklin St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (Write the word)
Male	white	widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Angeline Leek

DATE OF BIRTH (month, day, year) March 26 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0046

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. mill worker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dundaff Pa.

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT Marian Hays

(Address) 1818 W. Franklin St.

17. BURIAL, CREMATION, OR REMOVAL

Place Carbondale Pa. Date 9/1 1937

UNDERTAKER Richard F. Derby

(Address) 700 E. North Ave

FILED ... 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 31 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1937 to Aug 31 1937

I last saw him alive on Aug 30 1937 Death is said to have occurred on the date stated above, at 7.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	7 mos
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Martin J. Hanna M. D.

(Address) 1822 W Baltimore St

38706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 38706

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. 11-3 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Belle McFarlane Glenn

If U. S. Veteran specify WAR

(a) Residence: No. Frostburg, Maryland St., Ward. Rt. #1

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~

DATE OF BIRTH (month, day, year) Feb 16 1874

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	6	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME James McFarlane

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Annie Ritchie

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Hospital Record.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lawsonia Md Date Sept 3 37

19. UNDERTAKER Eshon ~~Kay L Eichelberger~~

Address Mt. Savage Md

20. FILED Aug 31 1937 Thurston Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-17, 1937 to Aug 31, 1937

I last saw her alive on Aug 31, 1937 Death is said to have occurred on the date stated above, at 12 a noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Femoral Hernia (Left)	June 1937
Pulmonary Infarct	Aug 23 1937
Other contributory causes of importance:	
Arterial Hypertension	1925

Was an operation performed? yes Date of Aug 18, 1937

For what disease or injury? Femoral Hernia

Name of operation Femoral Herniaplasty

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. H. Edwards Jr. M. D.

(Address) Md. Gen'l. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5336 38 — 38707 — ✓E 38707 — X 54-E

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. ..... St., 1-5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ward C Lyon — If U. S. Veteran specify WAR

(a) Residence: No. 122 E 19th St., Ward. Lorain Ohio
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Carmela

7. DATE OF BIRTH (month, day, year) 7/19/92

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 206

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

13. NAME Charles Lyon

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Caroline Ward

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL LORAIN-OHIO
Place Calvary Cem. Date Sept 2 19 37

19. UNDERTAKER Frank Della Rose
(Address) 52 N. Motley St.

20. FILED 19 ... Registrar.
SEP 1 1937 Lexington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 1937 to Aug 31 1937

I last saw him alive on Aug 31 1937 Death is said to have occurred on the date stated above, at 11.40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pituitary Adenoma (benign)	1935
Other contributory causes of importance:	
Cerebral Oedema	

Was an operation performed? Yes Date of Aug 28, 1937

For what disease or injury? Pituitary Adenoma

Name of operation Craniotomy

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?
No If so, specify

(Signed) William Gray Walker, M. D.

(Address) Johns Hopkins Hospital

F 38708 ✓ F-38708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Matthews
If U. S. Veteran specify WAR
(a) Residence: No. Sparks, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Matthews (nee Stevenson)

6. DATE OF BIRTH (month, day, year) June 26 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	2	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Inspector
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Today
11. Total time (years) spent in this occupation 13 yrs

12. BIRTHPLACE (city or town) (State or country) Sparks Balto Co Md

FATHER
13. NAME Evan Thomas Matthews
14. BIRTHPLACE (city or town) (State or country) Sparks Maryland

MOTHER
15. MAIDEN NAME Edith Scott
16. BIRTHPLACE (city or town) (State or country) Sparks Maryland

17. INFORMANT Mrs. Ed Matthews
(Address) Sparks Md

18. BURIAL, CREMATION, OR REMOVAL
Place Sparks Md Date Sept 2 1937

19. UNDERTAKER Mrs. C. Brockton
(Address) Sparks

(FILED) AUG 31 1937 Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Aug 31 37

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Samuel A. Wolfe, M. D.
(Address) 133 E. North Ave. Coroner

F 38709

F 38709 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 36th Ward)

Registered No. 1577

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Parsons

If U. S. Veteran specify WAR No Record

(a) Residence: No. 3623 Roberts Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan. 17-1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automobiles

10. Date deceased last worked at this occupation (month and year) Aug 27-37

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Clarence Parsons

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Lillian A. Mitchell

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Balto. City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Sept 3rd 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Sept 1 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture and Dislocation 5th Cervical Vertebrae	Aug 29-1937

Other contributory causes of importance: No history

Was an operation performed? Yes Date of Aug 30-1937

For what disease or injury? Fracture Vertebrae

Name of operation Cervical Laminectomy Date of Aug 30th

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug. 29 1937

Where did injury occur? Henry Grove, Baltimore Co.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In water swimming

Manner of injury Diving

Nature of injury Fracture and Dislocation Vertebrae

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Otias W. Wood M. D.

Coroner

(Address) 1712 N. Broadway

S 6

38710 F 38710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hospital St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mrs Elizabeth Jefferson

(a) Residence: No. 29 W. Preston St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6. If married, widowed, or divorced (or) WIFE of William E Jefferson

DATE OF BIRTH (month, day, year) August 5 1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	0	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Mc Geary

14. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa

15. MAIDEN NAME Elizabeth Mc Crystal

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. William E. Jefferson

(Address) 29 W Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Sept 2nd 37

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED Lexington Williams, M.D.

SEP 1 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/27, 1937, to 8/31, 1937

I last saw her alive on 8/31, 1937 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 8/28/37

For what disease or injury? Ovarian Cyst + Carcinoma

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) L. F. Johnston Jr. M. D.

(Address) Maryland General Hospital

38711 F 38711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2227 Crest Road Ward) 27-15

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J Frantz

If U. S. Vet., specify WAR No Record

(a) Residence: No. 2227 Crest Road Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Sarah S.

6. DATE OF BIRTH (month, day, year) Oct 17-1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	10	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst. Supt. Bldg Const.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cons. Eng. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warren Md

13. NAME John M Frantz

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME ? Lutz

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Sarah S. Frantz

(Address) 2227 Crest Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Sept 1st 37

19. UNDERTAKER Williams Cook

(Address) 217 St Paul St

20. FILED Huntington Williams

9-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1937 to August 29, 1937

I last saw him alive on August 29, 1937 Death is said to have occurred on the date stated above, at 6:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	1934
Other contributory causes of importance:	
Diabetic Gangrene of Great Toe	July 1937
Myocarditis	Feb. 1936

Was an operation performed? No Date of

For what disease or injury? -----

Name of operation -----

What test confirmed diagnosis? Clinical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo Yungmann M.D.

(Address) 401 East 25th Street

E 38712

38712 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

✓ 50

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital 9-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U.S. Veteran specify WAR No Record

2. FULL NAME Margaret A Hentz

(a) Residence: No 1007 E. Lanvale St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, ~~widowed or divorced~~ (or) WIFE of Walter W. Hentz

DATE OF BIRTH (month, day, year) Sept 16th 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	11	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Edward Donnelly

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary E.

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Walter W. Hentz

(Address) 1007 E. Lanvale St

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date 9-2-37

UNDERTAKER Wilson & Cook

(Address) 1219 E. Fayette St

FILED 9-1-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1937, to Aug 30, 1937

I last saw him alive on Aug 30, 1937. Death is said to have occurred on the date stated above, at 12 1/2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rt. Breast	1936(?)
Other contributory causes of importance:	
Chronic Nephritis	?
Diabetes Mellitus	?

Was an operation performed? Yes Date of 8-27-37

For what disease or injury? Carcinoma of Breast

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — , 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury .....

Nature of Injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. W. Koury M. D.

(Address) 612 N. Broadway

F 38713

F 38713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 Orchard St. 11-3 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry Purdy

(a) Residence: No. 402 Orchard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Wht	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ———

6. DATE OF BIRTH (month, day, year) Aug 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boolbtank

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Murphysboro Ill

FATHER

13. NAME Frank Purdy

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Christen Yaugh

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Mrs Mary Chambers
(Address) 402 Orchard St

18. BURIAL, CREMATION, OR REMOVAL
Place Auburn Cem Date Apl 1 1937

19. UNDERTAKER A Loftus Halstead
(Address) 6 E Baltimore

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation — Date of ...

What test confirmed diagnosis Hosler Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George C. Allen Coroner, M. D.

(Address) 50 7 Augusta Ave

38714 F 38714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Randall Brown

If U. S. Veteran specify WAR .....

(a) Residence: No. 855 W. Fairmount Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Lewis Brown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Grace Brown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Helen M. Johnson
(Address) 1352 Fremont Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Glouster Co Va Date Sept 3 19 37

19. UNDERTAKER T. E. Kelson
(Address) 1303 Pennsylvania ave.

20. FILED 1937 Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 31, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Acute Indegestion	
Acute Dilatation of Heart	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) T. E. Kelson M. D.
Coroner

(Address) 2757 W. Lanvale St.

S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38715 CERTIFICATE OF DEATH H-8 F 38715

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 E. Lombard St., 3-1 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Anna Leah Sacks

(a) Residence: No. 1615 E. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Meyer Sacks

7. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59.			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Meyer Bornstein

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Husband
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Herring Run Cem. 9/1 1937

19. UNDERTAKER: Jack Lewis Inc
(Address) 1439 E. Baltimore St

20. FILED: 9-1-1937 Huntington Nathanson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/31 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15 1937 to Aug 30 1937

I last saw her alive on 8/30 1937. Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	8 M
Other contributory causes of importance: Nephritis chronic	1 Y

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. J. Bayliss M.D.

(Address) 2040 Eutaw

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 F 38716

F 38716

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3826 Reisterstown St. 12-12 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 38 yrs. ... mos. ... ds.

If U.S. Veteran, specify WAR .....

2. FULL NAME Aaron Rosen

(a) Residence: No. 3826 Reisterstown Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced
HUSBAND of (or) WIFE of Rebecca Sue Miller

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Ellie

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Von Kran

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morton Rosen

(Address) 4104 Pentenside ave

18. BURIAL, CREMATION, OR REMOVAL Sharon Mem Park Date 9/1/37 19

19. UNDERTAKER Sol Levin & Bro

(Address) 1739 E. Baltimore St

FILED SEP 1 - 1937 Huntington Williamsport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-1-37 19

22. I HEREBY CERTIFY, That I attended deceased from April 1937 to Sept 1 1937

I last saw him alive on Sept 1 1937 Death is said to have occurred on the date stated above, at 1230 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	1920
chronic myocarditis	1935
Diabetes Mellitus	1922

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jacob Cohen M. D.

(Address) 1804 Eutaw Place

8717 F 38717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 N.Hilton St., 20-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Bennett Sommerlock,

(a) Residence: No. 416 N.Hilton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John F.Sommerlock,

DATE OF BIRTH (month, day, year) March 16.1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	5	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md.

13. NAME David T.Bennett.

14. BIRTHPLACE (city or town) (State or country) Frederick Md.

15. MAIDEN NAME Charity A.James,

16. BIRTHPLACE (city or town) (State or country) Frederick Md.

17. INFORMANT John F.Sommerlock,
(Address) 416 N.Hiltom St.

18. BURIAL, CREMATION, OR REMOVAL SEP 2 1937
Place Loudon Park Date

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave.

20. FILED 193[illegible] Lington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 31 1937

22. I HEREBY CERTIFY, That I attended deceased from August 21 . 1937 to Aug. 31 . 1937
I last saw her alive on Aug. 30 . 1937. Death is said to have occurred on the date stated above, at 7³⁰ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	?
Diabetes Mellitus	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) D.Wm Laughlin. M. D.
(Address) 400 N. Pageon St.

38718

F 38718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 Westwood Ave Ward) 15-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. James

If U. S. Veteran specify WAR .....

(a) Residence: No. 1706 Westwood Avenue Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bertie James

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore County

FATHER

13. NAME William H. James

14. BIRTHPLACE (city or town) (State or country) Baltimore County

MOTHER

15. MAIDEN NAME Elizabeth Harris

16. BIRTHPLACE (city or town) (State or country) Baltimore County

17. INFORMANT (Address) Theresa Hoy 1706 Westwood Avenue

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cem Date Sept 2 1937

19. UNDERTAKER (Address) J. S. McCleaff 1539 Fall Rd

20. FILED Huntington Williams, Reg. 1-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the above named deceased and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 10 15 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Hayn Coroner M. D. Coroner

(Address) 1216 Hanover

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38719

CERTIFICATE OF DEATH

1119 F 38719

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 633 S. Patterson Pk. Ave Ward) 15 3

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ronald J. Marecki

(a) Residence: No. 633 S. Patterson Pk. Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 22 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Julius Marecki

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Szumaszkiewicz

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Julius Marecki
(Address) 2217 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Sept. 1 19 37

19. UNDERTAKER Fred W. Ozarowski
(Address) 1930 Eastern Ave.

Sept 1 - 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 28, 1937 to August 31, 1937

I last saw him alive on August 30, 1937. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Colitis - Infection	2 days.

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) John L. Valentine M. D.

(Address) 16 So Broadway

38720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-D

F 38720

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1809 Bank St. 2-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Rozalia Hanek

If U. S. Veteran specify WAR .....

(a) Residence: No. 1809 Bank St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stanislaw Hanek

6. DATE OF BIRTH (month, day, year) 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME A. Hanek

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Yonk.

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Frank Hanek

(Address) 2112 Gough St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date Sept 3 1937

19. UNDERTAKER Fred W. Arzuman

(Address) 1930 Eastern Ave.

20. FILED SEP 1 1937, 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1937, to Aug 31, 1937

I last saw her alive on Aug. 29, 1937 Death is said to have occurred on the date stated above, at 7 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma rectum	?
Cachexia	
Pneumonia (broncho)	7/29/37

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Examination only. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

no If so, specify .....

(Signed) Arthur J Siwinski M. D.

(Address) 1740 Eastern Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

38721

CERTIFICATE OF DEATH

119 F 38721

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 19-3 W

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 4 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jacqueline Turley

(a) Residence: No. 1304 W. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 9, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Jack Turley

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mildred Armiger

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT John Turley
(Address) 1304 W Pratt St

18. BURIAL, CREMATION, OR REMOVAL Place London Park Cem Date 9/1/37, 19

19. UNDERTAKER John Mowan & Son
(Address) 90 Fulton St

FILED Sept 1 - 1937 Huntington Williamson W Va
Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Aug 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1937, to Aug 31, 1937

I last saw her alive on Aug 31, 1937. Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Bronchopneumonia	Aug 28
Diarrhea	Aug 19

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) I. G. Abbott, M. D.

(Address) Mercy Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38722

CERTIFICATE OF DEATH

82-a F 38722

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1136 Riverside Ave 24-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S Veteran specify WAR .....

2. FULL NAME Edward Walters

(a) Residence: No. 1136 Riverside Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Wh.	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lena Walters

7. DATE OF BIRTH (month, day, year) July 12, 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	-1	-19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rigger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipyard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Marie Edmonds

(Address) 1136 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Sept 2, 1937, Holy Cross Cem. Date Edw. Co.

19. UNDERTAKER J. A. Traub & Son

(Address) 120 S. Charles St

20. FILED ... Washington Williams M.D.

... - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937, to Aug 31, 1937.

I last saw him alive on Aug 31, 1937. Death is said to have occurred on the date stated above, at 12.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 hr
Other contributory causes of importance: Hemiplegia	1 mo

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. M. Mills M. D.

(Address) 1129 Hilton St

HEALTH DEPARTMENT--CITY OF BALTIMORE

38723

CERTIFICATE OF DEATH

159 F 38723

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto. General Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 hrs. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S Veteran specify WAR .....

2. FULL NAME Baby Boy Galperin

(a) Residence: No. 23 N. Broadways St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 1, 1937

AGE	Years	Months	Days	If LESS than 1 day, 2 hrs. or 0 min.
			1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER John Galperin

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME OF MOTHER Anna Bard

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT (Address) M. Gold. West Balto. Gen. Hosp.

BURIAL, CREMATION, OR REMOVAL Hebrew Rodef Sholom Date 9-1-37

UNDERTAKER (Address) Levi Sears Bro. 1437 E. Monument St.

Filed 1937 Arlington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1937 to Sept. 1, 1937

I last saw him alive on Sept. 1, 1937. Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 5 months	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton Levin M. D.

(Address) WB & H

F 38724

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38724

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 186-a

Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Bay View St., (Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Guerrino Giovannelli

(a) Residence: No. 1012 E. Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Common Law Wife

Clara Lavorarino

6. DATE OF BIRTH (month, day, year) 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Last Week

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary ? Last name not known

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Clara Lavorarino (Common Law Wife)

(Address) 1012 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Sept 2 1937

19. UNDERTAKER Frank Della Rose

(Address) 52 N. Horsey St.

20. FILED Sept 1 1937 Harrington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 30 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull Intracranial	Aug 26 1937

Other contributory causes of importance: Alcoholism,

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug. 26 1937

Where did injury occur? 1612 E. Pratt St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down stairs, Intoxicated

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.

Coroner

(Address) 1712 N. Broadway

38725 ✓ F 38725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St., 9-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 10 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Pauline Mask

If U. S. Veteran specify WAR

(a) Residence: No. 533 E. 21st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced. HUSBAND of (or) WIFE of: John A Mask Sr

6. DATE OF BIRTH (month, day, year): Oct 16, 1870

7. AGE: Years 66 XX; Months 10; Days 14; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): 8/X/37

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER FATHER

13. NAME: Chas. Tercot

14. BIRTHPLACE (city or town) (State or country): New Jersey

15. MAIDEN NAME: Mary A. McQuirk

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Husband (John A Mask Sr

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Redeemer Date Sept 2, 1937

19. UNDERTAKER: Jos J Dickey & Bro

(Address) 1428 Pine

20. Filed, 19 Registrar. SEP 1 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/30, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/26, 1937, to 8/30, 1937

I last saw her alive on 8/30, 1937. Death is said to have occurred on the date stated above, at 4:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	
Perforation of Cardinal of Sigmoid with peritonitis	8/21/37

Other contributory causes of importance:

Arteriosclerotic Cardiovasc. disease Chronic nephritis

Was an operation performed? yes Date of 8/26/37

For what disease or injury? peritonitis

Name of operation Incision & drainage

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Daniel R. Robinson M. D.

(Address) Mercy Hosp.

38726 E 38726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

213-F

1. PLACE OF DEATH S/S/ Pennsylvania. Registered No.

CITY OF BALTIMORE: (No. Pier 7 Locust Point. St., 241 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eino Ilmari Lumme. If U. S. Veteran specify WAR ...

(a) Residence: No. San Francisco, Calif. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	-----	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman S/S

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. San Simeon.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Finland.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT August Boschen.
(Address) 114 S. Broadway.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore National Cem. Date Sept 1, 1937

19. UNDERTAKER Robert Brooks Sons
(Address) 173 S Calhoun St.

20. [illegible] - 1937 [illegible] Register

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 28, 1937

22. I HEREBY CERTIFY that I attended the deceased from ... to ... that I last saw ... alive on ... and that death occurred on the date stated above.

autopsy & inquest
(Inquest, Autopsy or Inquiry)

autopsy & inquest
(Inquest, Autopsy or Inquiry)

his

The principal cause of death and related causes of importance were as follows:

	Date of onset
Contusions and lacerations of the head. Extra subdural hemorrhage of the brain. Accidental fall on S/S Pennsylvania.	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? autopsy & inquest Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 8/28/37, 19...

Where did injury occur? Pier 7 Locust Point.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place S/S Pensylvania.

Manner of injury Fall on ship.

Nature of injury Hemorrhage of the brain.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

8/31/37 (Signed) Wm. H. Reinhardt, M. D.
Coroner
(Address) 1017 S. Charles St.

Kashat

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38727

38727

CERTIFICATE OF DEATH

26006 1946-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Kashat

(a) Residence: No. 408 N. Duncan St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wolf Kashat

6. DATE OF BIRTH (month, day, year) 7-26-1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	1	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czechoslovakia

13. NAME John Kohanetz

14. BIRTHPLACE (city or town) (State or country) Czech.

15. MAIDEN NAME Catherine Kuesk

16. BIRTHPLACE (city or town) (State or country) Czech.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept 2 1937

19. UNDERTAKER Frank Grach & Son

(Address) 1906 Eastlandave

20. FILED 19 Registrar.

Sept. 1937 Huntington Nitkiewicz MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-31, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-20, 1937 to 8-31, 1937

I last saw her alive on 8-30, 1937. Death is said to have occurred on the date stated above, at 12 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of oesophagus	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H K Woodward Jr. M. D.

(Address) Balto. City Hosp.

✓ F 38728

HEALTH DEPARTMENT—CITY OF BALTIMORE

38728

CERTIFICATE OF DEATH

117-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St., 7-3 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Howard Bergerman

(a) Residence: No. 500 N. Bradford St., ... Ward. Baltimore Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Francis Bergerman

DATE OF BIRTH (month, day, year) Aug 3, 1900

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Orderly

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year) Aug 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME George Bergerman

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Josephine Kennedy

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Frances Bergerman wife

(Address) 500 N Bradford St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept 1937

19. UNDERTAKER Frank Orach Sons

(Address) 1906 Eastern Ave

FILED 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1937, to Aug 31, 1937

I last saw him alive on Aug 31, 1937. Death is said to have occurred on the date stated above, at 6.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal Ulcer	1931
Peritonitis	Aug 25, 1937

Other contributory causes of importance:

chronic Appendicitis

Chronic Infectious arthritis

Was an operation performed? Yes Date of Aug 26, 1937

For what disease or injury? Duodenal Ulcer

Name of operation Gastric Resection; Pelvic Appendectomy

What test confirmed diagnosis? X-Ray Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) H Sondheimer, M. D.

(Address) Sinai Hospital

Joseph F. Rotter ✓ F 38729

HEALTH DEPARTMENT—CITY OF BALTIMORE

33505 / 38729

CERTIFICATE OF DEATH

X 46-F

JOHNS HOPKINS HOSPITAL

Registered No.....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.....St., 7-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph F. Rotter If U. S. Veteran specify WAR. no

(a) Residence: No. 4208 Wilkins St., Ase Ward. Baltimore Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 6/27/72

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Joseph F. Rotter

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Marie Harfst

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Relatives.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Sept 2 1937

19. UNDERTAKER Mr. Mrs. John W. Teufel & Son

(Address) 801 W. Fayette St.

20. FILED 9-1-1937 Registrar. Huntington Hathaway, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1937, to Aug 31, 1937.

I last saw him alive on Aug 31, 1937. Death is said to have occurred on the date stated above, at 4:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ascites, probably due to carcinomatous metastases	8/10/37
Terminal sudden collapse, probably due to pulmonary embolus.	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so,

(Signed) Walter B. Burch, M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

B38813 38730

CERTIFICATE OF DEATH

X 54-E F 38730

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frances Donaldson

(a) Residence: No. 4610 9th St N.W. St., ... Ward. Washington D.C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1923

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	14			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) D.C.

13. NAME Abraham Donaldson

14. BIRTHPLACE (city or town) (State or country) D.C.

15. MAIDEN NAME Molly Macklin

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Wash D.C. Date 9/4 1937

19. UNDERTAKER B. Wasserstein Washington D.C.
(Address)

FILED 9-1-1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1937, to Aug. 31, 1937.
I last saw her alive on Aug. 31, 1937. Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombocytopenic purpura	
Hemorrhage into Hemangioma	
of R.L. side of neck	
Producing tracheal obstruction	Other

Other contributory causes of importance:

Was an operation performed? Yes Date of 6-26-37

For what disease or injury? Purpura

Name of operation Splenectomy

What test confirmed diagnosis? Blood Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Curtis B Jeffers M. D.

(Address) J.H.H.

F 38731

38731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 Lorraman St., 15-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Bruce J. Stewart

If U. S. Veteran specify WAR

(a) Residence: No. 1812 Lorraman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore city

13. NAME Hallie Stewart

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Minnie Bruce

16. BIRTHPLACE (city or town) (State or country) St Marys Co

17. INFORMANT Minnie B. Jenkins

(Address) 1812 Lorraman St

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date SEP 1 - 1937

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

SEP 1 1937

3459

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1937, to Aug - 31, 1937

I last saw h[illegible] alive on Aug 31, 1937. Death is said to have occurred on the date stated above, at 9 5th [illegible]

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	

Other contributory causes of importance:

Weakness on part of mother

Was an operation performed? no Date of

For what disease or injury?

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Edward Fisher, M. D.

(Address) 1612 E Monument St

✓ F 38732

38732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

1. PLACE OF DEATH Baltimore Harbor

CITY OF BALTIMORE: (No. Montford Ave & Boston St 1-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Daniel Bunk

If U. S. Veteran specify WAR .....

(a) Residence: No. 2406 Fait Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) April 7-1928

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
9	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Bunk (dead)

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Cecile Raczynski

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Daniel Bunk Mother

(Address) 2406 Fait Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Sept 2 1937

19. UNDERTAKER Fred W Ozazewski

(Address) 1930 Eastern Ave

20. FILED ..... 19 ..... Registrar

- 1937

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned in harbor	Aug. 30-1937

Other contributory causes of importance: No history

Was an operation performed? No Date of ....

For what disease or injury? ....

Name of operation .... Date of ....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 30 1937

Where did injury occur? foot of Montford Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Baltimore Harbor

Manner of injury fell off dock

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ....

(Signed) Chas. W. Wood M. D.

Coroner

(Address) 1712 N. Broadway

F 38733

HEALTH DEPARTMENT—CITY OF BALTIMORE

38733

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 W. Montgomery St. St. 22-1 Ward)

Length of residence in city or town where death occurred 40 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Katie Roberts.(c)

(a) Residence: No. 101 W. Montgomery St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow.

5a. If ~~XXXX~~ widowed, ~~XXXXXX~~ (or) WIFE of Daniel Roberts.(c)

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

FATHER

13. NAME Isaac Clayton.(c)

14. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

MOTHER

15. MAIDEN NAME Sarah Johnson.(c)

16. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

17. INFORMANT Sadie Hall.(c) daughter.

(Address) 802 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Mt. Calvary Cem. Sept 2 '37

19. UNDERTAKER Robert C. Kelly

(Address) 1818 Druid Hill Ave.

20. FILED 1937 Huntington Williams, M. D.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M. Bernardi M. D.
Coroner

8/31/37 (Address) 1017 S. Charles St.

F 38734

38734 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 807 North Calvert St., 11-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME William J Faulkner

(a) Residence: No. 807 North Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) ~~WIFE~~ of Emma Faulkner

6. DATE OF BIRTH (month, day, year) Sept 20 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. PRRC Orangeade
10. Date deceased last worked at this occupation (month and year) June 1936
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Frank Faulkner
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Emma J Bourn
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Emma Faulkner
(Address) 807 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Place Dix Clint Date Sept 4 1937

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED Sept 4 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1937.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to h is death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Sept 13

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Samuel Hyde M. D.
Coroner

(Address) 1331 E. North Ave

Loock

38735 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 38735

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3701 Forest Park St., 15-8 Ward)
Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR No Record

2. FULL NAME Herman Loock.
(a) Residence: No. 3701 Forest Park Ave St., ... Ward. .....
(Usual place of abode) Life (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta V Loock

6b. DATE OF BIRTH (month, day, year) Dec 29 - 1863

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	8	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wholesale Mfgr
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigars & Edw Simons Mfg Co
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md
13. NAME Charles Loock
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Frederick Stephens
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Mrs Hilda V Loock
(Address) 3701 Forest Park Ave
18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 9/3/37 19
19. UNDERTAKER William Cook
(Address) 1217 St Paul St
20. FILED 9-2-1937 Huntington Williams, Agt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1933 to Sept 1st, 1937
I last saw h.im alive on Aug. 23, 1937. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Diabetes Mellitus	
Other contributory causes of importance:	

Was an operation performed? Yes Date of June 1933
For what disease or injury? Gangrene of Right Leg
Name of operation Amputation of right leg
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) G. Murray Fisher, M. D.
(Address) 18 E. Eager St

38736 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

92-6 F 38736

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3248 East Balto St., (Hospital or Institution) No 10

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine E Blanck — If U. S. Veteran specify WAR No Record

(a) Residence: No. 3248 East Balto St., ... Ward. .....
(Usual place of abode) 42 years (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced (or) WIFE (or) HUSBAND of Joseph F Blanck

6. DATE OF BIRTH (month, day, year) Oct 26-1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	10	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Austria
13. NAME OF FATHER John Osswald
14. BIRTHPLACE (city or town) (State or country) Austria
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Unknown
17. INFORMANT Joseph F. Blanck
(Address) 3248 East Balto St
18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date Sept 3 37
19. UNDERTAKER William Cook
(Address) 1217 St Paul St
20. FILED ..... 19.....

9-2-1937 Entered for Witness

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1 1937

22. I HEREBY CERTIFY, That I attended deceased from August 28 1937 to Sept 1 1937
I last saw her alive on Aug 31 1937 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	3 yrs
Senile Dementia	1 yr
Influenza 1 week	1 wk
Other contributory causes of importance:	
Cardiac Insufficiency	3 yrs
Arteriosclerosis	10 yrs

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did Injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Cruciger, M. D.
(Address) 2025 E Monument St

38737 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 38737

CERTIFICATE OF DEATH

V 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3105 Tyndale Ave St., 27-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie E Holzer

If U. S. Veteran specify WAR No Record

(a) Residence: No. 3105 Tyndale Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emil Holzer

6. DATE OF BIRTH (month, day, year) Sept 7 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William Fales

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Kate Holzer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Emil Holzer

(Address) 3105 Tyndale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 9/2/37

19. UNDERTAKER The Cook Co

(Address) 1210 Eutaw

20. FILED

Registrar.

9-2-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1937 to Aug 30, 1937

I last saw h alive on Aug 30, 1937 Death is said to have occurred on the date stated above, at 11 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Arteriosclerosis	
Cerebral apoplexy	
Other contributory causes of importance:	
Cardiac Failure	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenck M. D.

(Address) 1918 E. North Ave

Spec.—2-29-28—L. F. S.—500 Blks.

Freed

F 38738

HEALTH DEPARTMENT—CITY OF BALTIMORE

38738

CERTIFICATE OF DEATH

REGISTERED NO. 121

1—PLACE OF DEATH Franklin Square Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Fayette & Calhoun STS. (If not in hospital) WARD

2—FULL NAME Edward B Freed

(a) RESIDENCE NO. 504 N. 33rd St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Carrie Louise Freed

DATE OF BIRTH (month, day, and year) May 20 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer) P R R

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Pa

10 NAME OF FATHER Edward B Freed

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Mary W Busler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

Informant Mrs. Edward Freed

(Address) 504 N 33 St

Filed SEP 2 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/2/37

17 I HEREBY CERTIFY, That I attended deceased from 8/28/, 1937, to 9/2/, 1937, that I last saw him alive on 9/2/, 1937 and that death occurred, on the date stated above, at 12.40 A m.

The CAUSE OF DEATH* was as follows:

Acute cardiac failure due to myocardial suffering.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute appendicitis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 8/27/37

Was there an autopsy? Yes

What test confirmed diagnosis? Surgical

(Signed) F. T. Barton, M. D.

, 19 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dulaney Cemetery Pa — DATE OF BURIAL Sept 4 1937

20 UNDERTAKER H. C. Marshall — ADDRESS 3539 Fallsway

F 38739

38739 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1028 Braunton St., 16-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard E Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 1028 Brantley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Smith

6. DATE OF BIRTH (month, day, year) Mar 3-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Robert Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Roberta Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Mary E Smith

(Address) 1028 Brantley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemet Date Sept 2nd 1937

19. UNDERTAKER Elroy R Wilson

(Address) 1600 Pennsylvania Ave

20. Sept 1937 19 ..... Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset Aug 30 1937

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury?

Name of operation — Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.
Coroner

(Address) 56 Courthouse

38740 F 38740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 176

1. PLACE OF DEATH St. Agnes' Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 19-4 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Lulah Stubert
If U. S. Veteran specify WAR
(a) Residence: No. 115 Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 17, 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	6	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

PARENTS
12. BIRTHPLACE (city or town) (State or country) Maryland
13. NAME Charles Krauer Hubert
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Carrie Beardsley
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT J. W. Lange Shell
(Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL
Place Reisterstown Rd Date 9/2/37 19

19. UNDERTAKER Harry A. Keffer
(Address) 4101 Reisterstown Rd

20. FILED 19 Registrar.

9-2-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-30-1937

22. I HEREBY CERTIFY, That I attended deceased from 8-8-1937 to 8-30-1937
I last saw her alive on 8-29-1937 Death is said to have occurred on the date stated above, at 11:28 a.m.

The principal cause of death and related causes of importance were as follows:
Pulmonary Embolism
Nineteen Days Post-Operative
Date of onset 8/[illegible]/37

Other contributory causes of importance:
over

Was an operation performed? yes Date of 8/11/37
For what disease or injury?
Name of operation Cholecystectomy
What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. Linhardt M. D.
(Address) St Agnes Hosp. Balto Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38741 — 23 F 38741

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006) Roland Heights Ave. (Ward) — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Hardicky — If U. S. Veteran specify WAR

(a) Residence No. 1006 Roland Heights Ave. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced — HUSBAND (or) WIFE: Anna Hardicky

6. DATE OF BIRTH (month, day, year): June 18, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mine

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Anna Hardicky

(Address) 1006 Roland Heights Ave

18. BURIAL, CREMATION, OR REMOVAL: Holy Redeemer — Date Sept 3 1937

19. UNDERTAKER: Thanhouser & Son

(Address) 3615-17 Edmondson Ave

20. FILED: SEP 2 - 1937 — Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1936 to Aug. 31, 1937

I last saw him alive on Aug. 24, 1937. Death is said to have occurred on the date stated above, at 3.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	Aug 31 1937
Other contributory causes of importance: Pulmonary Tb. Arthritis	?

Was an operation performed? No — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank H. Martin M. D.

(Address) 4037 Falls Road

HEALTH DEPARTMENT—CITY OF BALTIMORE

38742

CERTIFICATE OF DEATH

95-F 38742

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-2 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna M. Mattern

(a) Residence: No. 3147 Criterdon Pl. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of AUGUST O. MATTERN.

6. DATE OF BIRTH (month, day, year) JUNE 7, 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
32	7	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. EXAMINER. 926

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. BRIEF CLOTHIERS

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) MD.

13. NAME FRANK BOSTON

14. BIRTHPLACE (city or town) (State or country) MD

15. MAIDEN NAME ANNA MURPHY

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT AUGUST O. MATTERN.
(Address) 3147 CRITTENTON PLACE

18. BURIAL, CREMATION, OR REMOVAL
Woodlawn Date Sept 2 1937

19. UNDERTAKER Thenaperth Son
(Address) 3615-17 Chestnut Ave

SEP 2 - 1937 Huntington Williams, MD
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/31 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/28 1937 to 8/31 1937

I last saw h.e.r alive on 8/31 1937. Death is said to have occurred on the date stated above, at 1.20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Rheumatic heart disease & cardiac decompensation	7-28-37
Other contributory causes of importance: Bronchopneumonia	8-24-37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Alfred S Schwartz, M. D.

(Address) Sinai Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38743

CERTIFICATE OF DEATH

✓119 F 38743

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 13-7 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Lennette 3rd

If U. S. Veteran specify WAR

(a) Residence: No. 3819 - Falls Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 24, 1937

7. AGE — Years: — Months: 1 — Days: 8 — If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME: George Lennette Jr.

14. BIRTHPLACE (city or town) (State or country): Virginia

15. MAIDEN NAME: Hebe Hemmeyer

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: George W. Lennette

(Address): 3819 Falls Road

18. BURIAL, CREMATION, OR REMOVAL: Mt. Mays Cemetery Sept 3, 1937

19. UNDERTAKER: H. Rehrowth & Son

(Address): 3615 Eastern Ave

Huntington Williamsport

20. FILED: SEP 3 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1937 to Sept. 1, 1937

I last saw him alive on Sept. 1, 1937. Death is said to have occurred on the date stated above, at 1.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastroenteritis	8/28/37
Hypostatic Pneumonia	9/1/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney Salman M. D.

(Address) Union Memorial Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38744

8744

CERTIFICATE OF DEATH

✓ 35a

1. PLACE OF DEATH — South Baltimore General Hospital

CITY OF BALTIMORE: (No. ..... St. 22 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME — William Carter

(a) Residence: No. 802 S. Hanover St., St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Md

13. NAME — Unknown

14. BIRTHPLACE (city or town) (State or country) — Unknown

15. MAIDEN NAME — Unknown

16. BIRTHPLACE (city or town) (State or country) — Unknown

17. INFORMANT — Laura Hardy

(Address) 802 S. Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemy Date Sept 3. 1937

19. UNDERTAKER — Walter B. Spiff

(Address) Locust & Emily Sts.

20. FILED ..... 19.... Registrar.

2-1551 Huntington, West Virginia, [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1937 to Aug 30, 1937

I last saw him alive on Aug 30, 1937 Death is said to have occurred on the date stated above, at 7:00 P.m.

The principal cause of death and related causes of importance were as follows:

Stricture of urethra — Date of onset: Aug 22, 1937

Rupture of urethra — Date of onset: Aug 22, 1937

Other contributory causes of importance:

Bronchopneumonia — Date of onset: Aug 24, 1937

Toxemia

Was an operation performed? Yes Date of Aug 22, 1937

For what disease or injury?

Name of operation Suprapubic Cystotomy

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify .....

(Signed) Elton Reamer M. D.

(Address) S. B. Gen Hosp.

33328
F 38745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 F 38745

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1-5 St., Ward)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Paul Cann

(a) Residence: No. Chestertown St., Ward. Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 5-19-32

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Geo Cann

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Marie Lindsay

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Sept 3 1937

19. UNDERTAKER Adolphus Hedrick
(Address) 918 Dolphin St

20. FILED SEP 2 - 1937 Registrar Baltimore, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30. 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1937, to Aug 30, 1937.

I last saw h[illegible] alive on Aug 30, 1937. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tbc.	7-1-37
Tuberculous meningitis	? 8-1-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. C. Stiffler Jr., M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

38746 — 94-3F 38746

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1536 E. Madison St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward Butler

(a) Residence: No. 1536 E. Madison St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Color	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jennie

DATE OF BIRTH (month, day, year) Nov 19th 1888

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	9	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME Columbus Butler

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Eliza Butler

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Anna J. Thompson

(Address) 1536 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Lev. Date Sept 2 1937

19. UNDERTAKER Mrs Ford A. Elliott Daughter

(Address) 1129 N. Caroline St.

DEP 2 - 1937 Huntington Ave. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 27, 1937 to August 30, 1937

I last saw him alive on August 28, 1937. Death is said to have occurred on the date stated above, at 9.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	8/29/37
	avn
Other contributory causes of importance: Bronchopneumonia	8/29/37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) Albert V. Lovett M. D.

(Address) 822 N. Wolfe St

HEALTH DEPARTMENT—CITY OF BALTIMORE

38747 — CERTIFICATE OF DEATH — ✓ 131 F 38747

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1217 N. Bond St. St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... dis. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edith Fitzgerald

(a) Residence: No. 1217 N. Bond St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Color.

5. Single, Married, Widowed, or Divorced (write the word): Married.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edith.

6. DATE OF BIRTH (month, day, year): May 14-1897

7. AGE — Years: 40 | Months: 3 | Days: 17 | If LESS than 1 day, hrs. or min.: .....

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bethlehem Steel Co.

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Blackstone Va.

13. NAME: Willis Fitzgerald.

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME: Anderson

16. BIRTHPLACE (city or town) (State or country): .....

17. INFORMANT: Edith Fitzgerald.
(Address) 1217 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Carmel Cem. Date: Sept 4 1937

19. UNDERTAKER: Mrs. B. Elliott Slaughter
(Address) 1129 Eutaw St.
Huntington W. Va. Registrar

FILED SEP 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/31, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/23, 1937 to 8/31, 1937

I last saw him alive on 8/31, 1937 Death is said to have occurred on the date stated above, at 5:00 a.m. p.

The principal cause of death and related causes of importance were as follows:

	Date of onset
chr. myocarditis	?
Other contributory causes of importance: chr. interstitial Nephritis	?

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Wayne Thomas D.

(Address) 1500 E. Madison St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38748 ✓ E 38748

CERTIFICATE OF DEATH

Registered No. 122-13

1. PLACE OF DEATH President Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Penna. St., 16-1 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR

2. FULL NAME Lena Turner

(a) Residence: No. 1013 W. Lanvale St., ...Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 1901

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
36			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Charles Wilson

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Mason

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Rose Tankard

(Address) 2037 McCulloh

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cemetery Date Sept 2 1937

19. UNDERTAKER Archibald P. Gaddis

(Address) 2101 McCulloh St.

20. FILED Sept 2 1937 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-31, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-24, 1937 to 8-31, 1937

I last saw her alive on 8-31, 1937. Death is said to have occurred on the date stated above, at 2.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Generalized Peritonitis	
Other contributory causes of importance:	

Was an operation performed? yes Date of 8-31

For what disease or injury?

Name of operation Exploratory

What test confirmed diagnosis? ....Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ....Date of injury ....., 19....

Where did injury occur? ....(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ....If so, specify

(Signed) H. Hellenberg M. D.

(Address) Provident Hosp

38749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V/54 F 38749

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. 4 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Allen Fuchs

If U. S. Veteran specify WAR .....

(a) Residence: No. Severn, Anne Arundel County St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 6, 1927.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	10	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Anne Arundel County Md.

MOTHER FATHER

13. NAME J. E. Plummer (Step-Father)

14. BIRTHPLACE (city or town) (State or country) Severn, Anne Arundel Co. Md.

15. MAIDEN NAME Gertrude Plummer

16. BIRTHPLACE (city or town) (State or country) Severn, Anne Arundel Co. Md.

17. INFORMANT Gertrude Plummer

(Address) Severn, Anne Arundel Co. Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Harmony Cd Co Date Sept 3 1937

19. UNDERTAKER B. F. Hopkins

(Address) Annapolis, Md

SEP 2 - 1937 Register Washington, D.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1937.

22. I HEREBY CERTIFY, That I attended deceased from 8-28-1937, to 9-1-1937

I last saw him alive on 9-1-1937. Death is said to have occurred on the date stated above, at 12:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Sepsis, Myelitis	8-1-37
Purulent Pericarditis effusion	8-20-37?
Multiple lung abscess	"
" kidney "	"
Other contributory causes of importance:	none

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas J. Sullivan M. D.

(Address) Mercy Hospital

38750 HEALTH DEPARTMENT—CITY OF BALTIMORE 38750

CERTIFICATE OF DEATH

V 117-a

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ..... St. 15-13 ..... Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 37 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Morris Isaacson

(a) Residence: No. 4332 Reisterstown Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Hebrew Friendship Date 9/2 19 .....

19. UNDERTAKER Jack Lewis Inc.
(Address) 1434 E. Baltimore St. Lexington Building

FILED 9-2-1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1 . 1937

22. I HEREBY CERTIFY, That I attended deceased from August 18 . 1937 to Sept 1 . 1937

I last saw h[illegible] alive on Sept 1 . 1937 Death is said to have occurred on the date stated above, at 11:15 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	August 30/37
Cardiac failure	Sept 1 37
Post operative (10 days) after gastric resection	
Other contributory causes of importance:	

Was an operation performed? Yes Date of August 23/1937

For what disease or injury? Gastric ulcer

Name of operation Polya

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Daniel Sondheimer, M. D.

(Address) Sinai Hospital

38751

HEALTH DEPARTMENT—CITY OF BALTIMORE

38751

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2806 Resterstown Rd. Ward) 45-5

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3e yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Abraham Feurne

If U. S. Veteran specify WAR

(a) Residence: No. 2806 Resterstown Rd., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mal

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mollie

6. DATE OF BIRTH (month, day, year): Nov 7 1876

7. AGE: Years 60; Months 2; Days 5; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Jeweler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Jacob Moses

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Sarah Leah

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Morton Rosen

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place: Hebrew Friendship Date: 9-2-37

19. UNDERTAKER: Jack Levy Inc

(Address) 1439 E. Baltimore St

20. FILED: SEP 2 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9-1-37

22. I HEREBY CERTIFY, That I attended deceased from 8/28/37 to 9-1-37

I last saw h[illegible] alive on 9-1-37 Death is said to have occurred on the date stated above, at 9:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Upper respiratory infection	8/26/37
Bronchopneumonia	9/1/37
type not determined	
Other contributory causes of importance:	
Chr. Coronary sclerosis	?
no	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Cause Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Newton B Kirsh M. D.

(Address) 2904 Resterstown Rd

38752 Bernice Chandler F 38752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St. 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bernice Chandler

If U. S. Veteran specify WAR .....

(a) Residence: No. 1124 Madison Ave St., ... Ward. 15

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec 29/1898

7. AGE: Years: 39; Months: ; Days: 20 ?; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: James Chandler

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Mary Shelton

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Catherine Martinus (sister)

(Address) 1124 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hampton Va Date 9/2 1937

19. UNDERTAKER: Frances A. Hemsley

(Address) 578 W. Biddle St

20. FILED ..... Registrar

9-2-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 1st, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-9-, 1937, to Sept 1st, 1937

I last saw her alive on Sept 1st, 1937. Death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	
Cardio Renal Vascular Disease	
Hypertension	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. L. Evans M. D.

(Address) Mercy Hospital

K 38753 ✓ E 38753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-D

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

2. FULL NAME Inez Logan

(a) Residence: No. 1329 Edmondson Ave St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nathaniel Logan

6. DATE OF BIRTH (month, day, year) July 1, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	25	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Thompson Va

FATHER

13. NAME Luther Jones

14. BIRTHPLACE (city or town) (State or country) Thompson Va

MOTHER

15. MAIDEN NAME Fannie Payne

16. BIRTHPLACE (city or town) (State or country) Thompson Va

17. INFORMANT Nathaniel Logan

(Address) 1329 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL Greenlawn Mem. Park

Place Lancaster Co. Va Date Sept 2 '37

19. UNDERTAKER Jno. Geo. A. Hoffman

(Address) 631 Lombard St

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1937 to Aug 30, 1937

I last saw her alive on Aug. 30, 1937 Death is said to have occurred on the date stated above, at 8:16 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor	2 mos
	own

Other contributory causes of importance:

none	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? clinical & X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ...Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James D. Carr M. D.

(Address) 515 Mosher St

F 38754

8754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Henry Toogood

(a) Residence: No. 756 Redwood St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Cotis Toogood

14. BIRTHPLACE (city or town) (State or country) D.C.

15. MAIDEN NAME Dorothy Massey

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Dorsey Massey (Address) 756 Redwood St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lion Date 9/2/37 19 37

19. UNDERTAKER Yates & Williams (Address) 322 N Penn Ave

FILED 9-1937 19 Registrar Clinton Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-31-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 7-30 . 1937 to 8-31 . 1937.

I last saw h/m alive on 8-31-37 . 19 . Death is said to have occurred on the date stated above, at 3:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Stathers Jr

(Address) University Hospital

38755 E 38755 #25984 SF

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-E

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bessie Hunt

(a) Residence: No. 1911 Washington Blvd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 5/7/1889

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	48	3	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Jacob Wright

14. BIRTHPLACE (city or town) (State or country) Iowa

15. MAIDEN NAME Ellen Gentry

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL SEP 2 - 1937

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED Huntington Williams M.D.

1931 3460

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-19, 1937, to 8/26, 1937

I last saw her alive on 8/26, 1937. Death is said to have occurred on the date stated above, at 7:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdominal cyst	unknown
Surgical Shock	8/25
	8/26

Other contributory causes of importance:

Was an operation performed? Yes Date of 8/25/37

For what disease or injury? Abdominal cyst

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Surgery Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. Woodward Jr. M. D.

(Address) Balto. City Hosp.

38756

HEALTH DEPARTMENT—CITY OF BALTIMORE

38756

#11436

CERTIFICATE OF DEATH

82 a SF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frank Jackson

If U. S. Veteran specify WAR

(a) Residence: No. 254 S. Dallas St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widower

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of unknown

6. DATE OF BIRTH (month, day, year) 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62 yrs			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga.

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL SEP 2 - 1937

Commissioned [illegible]

19. UNDERTAKER Per M. A. Moore

(Address) Huntington, W. Va.

20. FILED 9-2-1937

3463

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 30, 1935 to August 29, 1937

I last saw him alive on August 29, 1937. Death is said to have occurred on the date stated above, at 2.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	December 1935
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. Del Sarto M. D.

(Address) Baltimore City Hospitals

38757 HEALTH DEPARTMENT—CITY OF BALTIMORE F 38757

CERTIFICATE OF DEATH 13-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 22-V St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jesse Jenkins

(a) Residence: No. 45 & Elsen St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	negro	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 4/13/37

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Charles Jenkins

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Lola Jecora

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL SEP 2 - 1937
Commissioner of Health
Per M. A. Moore

19. UNDERTAKER
(Address)

20. FILED
9 - 1937 Huntington Williams, M.D. Registrar
3464

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1937 to Aug. 29, 1937

I last saw h.e alive on Aug. 29, 1937 Death is said to have occurred on the date stated above, at 4:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
dysentery - bacillary	8-28-37

Other contributory causes of importance:

NONE

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Wm. C. Taylor Jr. M. D.

(Address) Johns Hopkins Hospital

38758 E 38758

HEALTH DEPARTMENT—CITY OF BALTIMORE

#15995 98 no-number SF

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. city hospitals St. 3-1 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Nelson, Peter

(a) Residence: No. 1415 Eastern Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/15/1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	11	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Troy, N. Y.

13. NAME John Nelson

14. BIRTHPLACE (city or town) (State or country) Denmark

15. MAIDEN NAME Katie Johnson

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL SEP 2 - 1937
COMMISSIONER OF HEALTH

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED SEP 2 - 1937 [illegible] Registrar

3462

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-29-1937

22. I HEREBY CERTIFY, That I attended deceased from 8-24, 1937, to 8-29, 1937

I last saw him alive on 8-29, 1937. Death is said to have occurred on the date stated above, at 7:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic gangrene leg	unknown
Other contributory causes of importance:	

Was an operation performed? yes Date of 8-27-37

For what disease or injury? gangrene leg

Name of operation mid thigh amputation

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) L.K. Woodward Jr. M. D.

(Address) Balto. city Hosp.

M. D. P. 1268-9

38759 ✓ F 38759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No.) St., 24-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. George Cooper

(a) Residence: No. 1273 E. Battery Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle V. Hill Cooper

6. DATE OF BIRTH (month, day, year) May 4th 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	3	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice Cream Manuf.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME George Cooper

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Sadie Waters

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Myrtle V. Hill Cooper
(Address) 1273 Battery Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 9/3/ 1937

19. UNDERTAKER Margaret G. Tyson
(Address) 1402 Light St

20. FILED SEP 2 - 1937 Washington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1937, to Sept 1, 1937

I last saw him alive on Sept 1, 1937. Death is said to have occurred on the date stated above, at 12:5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrosis of Liver	1935
Hemorrhage from esophageal Varix	48 hrs

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh C. Sturgeon, M. D.

(Address) Church Home & Infirmary

HEALTH DEPARTMENT—CITY OF BALTIMORE

38760

CERTIFICATE OF DEATH

26225--EF

F 38760

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 10-1 Ward)

Registered No. 82

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? 49 yrs. mos. ds.

2. FULL NAME Carl Harelka or Havelka

If U. S. Veteran specify WAR

(a) Residence: No. 1300 block E. Chase St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Teresse Harelka

DATE OF BIRTH (month, day, year) 12-13-1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	8	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

13. NAME Frank Harelka

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Sept. 2 '37
Place Date 19

19. UNDERTAKER Feeney Funeral Home Inc
(Address) 301 E Eager St

20. FILED SEP 2 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 30, 1937 to September 1, 1937

I last saw him alive on September 1, 1937. Death is said to have occurred on the date stated above, at 12:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8-29-37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38761

CERTIFICATE OF DEATH

46-C F 38761

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1731 Poplar Grove St. 15-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sylvester Saml. Shuster

If U. S. Veteran specify WAR .....

(a) Residence: No. 1731 Poplar Grove St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Elva Mary Shuster

7. DATE OF BIRTH (month, day, year): Dec. 17, 1895

7. AGE — Years: 41 | Months: 8 | Days: 15 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Weil Baking Co

10. Date deceased last worked at this occupation (month and year): Sept 1937

11. Total time (years) spent in this occupation: 1 yr

12. BIRTHPLACE (city or town) (State or country): Blair Pa

FATHER

13. NAME: Jos. Shuster

14. BIRTHPLACE (city or town) (State or country): Pa.

MOTHER

15. MAIDEN NAME: Sadie Kugle

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT: Mrs Elva M. Shuster

(Address) 1731 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL: Jeannette Pa. Sept 2, 37

Place ... Date ...

19. UNDERTAKER: Wm. Pickard Sons

(Address) North & Pa Ave. Huntington Williams, W. Va.

SEP 2 - 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937 to Sept 1" 1937.

I last saw him alive on Sept 1" 1937. Death is said to have occurred on the date stated above, at 11.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia & Intestinal Lues and Renal Failure	1937
Other contributory causes of importance: Hypostatic Pneumonia	Aug 28, 1937

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation —

What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No, 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Herbert E. Zepp, M. D.

(Address) 904 N. North Ave. Baltimore

M. D. P. 1268-9

✓ F 38762

38762 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-D

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1776 E Northave St., 8-7 Ward)

Length of residence in city or town where death occurred 76 yrs. 11 mos 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie H Armiger

(a) Residence: No. 1723 E Oliver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 21, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75	76	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. No

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Eli G Armiger

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Irvin A Parlett
(Address) 1776 E North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Sept 4, 1937

19. UNDERTAKER Geo Schillinger Sons
(Address) Monument & Cemetery Sculpture

20. FILED Sept 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1937 to September 1, 1937
I last saw her alive on September 1, 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	2 yrs
Chronic Interstitial Nephritis	2 yrs
	5 yrs

Other contributory causes of importance: Cardiac Dilatation

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
No If so, specify .....

(Signed) Albert E Bruckheimer M. D.

(Address) 2025 E North Ave

38763

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38763

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 430 W. Biddle St., 11-4 Ward)

Registered No. 9460

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Edward Henderson

If U. S. Veteran specify WAR

(a) Residence: No. 430 W. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cecila Henderson.

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. a laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Macon Ga

FATHER

13. NAME Unknown Henderson

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary [illegible]

16. BIRTHPLACE (city or town) (State or country) Macon Ga

17. INFORMANT Elizabeth Edna Lacy
(Address) 308 W. 151st. N.Y. City.

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date. SEP 2 - 1937 19
COMMISSIONER

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED [illegible] 19 37 Registrar.

S 6

3466 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above. 10 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach

Date of onset

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) [illegible] Coroner, M. D.

(Address) 215 Hanover

38764 E 38764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital — Registered No. ____
CITY OF BALTIMORE: (No. ____ St. 17-7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Rhoda Dauphinee — If U. S. Veteran specify WAR ____

(a) Residence: No. Ecclston Md — St. Marriotte Cove, Nova Scotia
(Usual place of abode) (If non-resident give city or town and State) Canada

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, year) — — 1901

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
36 ~~Yrs~~	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month, day, year) 8-30-37 — 11. Total time (years) spent in this occupation 10 yr

12. BIRTHPLACE (city or town) (State or country) Marriotte Cove, Nova Scotia Can

FATHER

13. NAME Freeman Dauphinee

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Dr Geo. Finney
(Address) 2947 St Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place Marriotte Cove Nova Scotia Date Sept 4. 1937

19. UNDERTAKER John C. Mitchell Sons
(Address) 1605 Eutaw Place

9-1-1937 19 ____ Registrar. ____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-1- 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ____ find that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Skull	8/30

Other contributory causes of importance: ____

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of Injury 8/30 1937
Where did injury occur? New Belair
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Highway
Manner of injury Auto Collision
Nature of injury Hit another Auto

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) Hobart Gourley Autopsy M. D.
Coroner
(Address) 907 N. Charles St

765

HEALTH DEPARTMENT—CITY OF BALTIMORE

765

CERTIFICATE OF DEATH

179

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 18-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elron East

(a) Residence: No. 1107 W. Franklin St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 8, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Clarence East

14. BIRTHPLACE (city or town) (State or country) Phila. Pa.

MOTHER

15. MAIDEN NAME Elizabeth Frazer

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Elizabeth East
(Address) 1107 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Sept 3, 1937

19. UNDERTAKER Mrs. George H. Holland
(Address) 1621 Eutaw Place

20. FILED ..... 19 ..... Registrar

SEP 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lysol Poison	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Accident Date of injury Aug. 31, 1937

Where did injury occur? 1107 W. Franklin St Balto. Md.
(Specify city or county and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Drank Lysol

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

R. C. Allen, M. D.
(Physician) Coroner

(Address) 2757 W. Lanvale

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38766

38766

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hosp

CITY OF BALTIMORE: (No. ..... St., 11-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George A. Youmkins — If U. S. Veteran specify WAR .....

(a) Residence: No. ..... Hagerstown Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Evelyn V. Youmkins

6. DATE OF BIRTH (month, day, year) Jan 28. 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as mill, saw mill, bank, etc. Supply Co

10. Date deceased last worked at this occupation (month and year) 7 yrs 37

11. Total time (years) spent in this occupation. 10 yrs

12. BIRTHPLACE (city or town) (State or country) Hagerstown Md

FATHER

13. NAME George A Youmkins

14. BIRTHPLACE (city or town) (State or country) Hagerstown Md

MOTHER

15. MAIDEN NAME Ethel Houck

16. BIRTHPLACE (city or town) (State or country) Boonsboro Md

17. INFORMANT Evelyn V Youmkins
(Address) Hagerstown Md

18. BURIAL, CREMATION, OR REMOVAL Boonsboro Md Date Sept 2 1937 Auto

19. UNDERTAKER Williams & Cook
(Address) 1217 St Paul Street

20. FILED Sept 2 1937 E. Eyster Williams, M.D. Registrar.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ....., 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Internal Injuries	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Sept 1 1937

Where did injury occur? Near Westminster Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Auto struck by truck of the

How injury occurred Failure to stop at Blvd.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

M. D. P. 1268-9

38767 F 38767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home & Infirmary 6-2 82-a

CITY OF BALTIMORE: (No. ..... St., 6 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rose Fogel

(a) Residence: No. 402 N. Port St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6a. If married, widowed, or divorced — RUSBAND of (or) WIFE of John Fogel

6. DATE OF BIRTH (month, day, year) April 13-1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungaria

13. NAME Jacob Barbersitz

14. BIRTHPLACE (city or town) (State or country) Hungaria

15. MAIDEN NAME Theresa Kristinkovics

16. BIRTHPLACE (city or town) (State or country) Hungaria

17. INFORMANT Rachel H. Douglas

(Address) 3302 Mt. Elderry Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Sept. 4 37

19. UNDERTAKER John A. Miller

(Address) 2334 Jefferson St.

20. FILED 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-1- 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-22- 1937 to 9-1 1937

I last saw her alive on 9-1- 1937 Death is said to have occurred on the date stated above, at 5:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral accident	8-22-37.
Pneumonia	8-29-37.
	over

Other contributory causes of importance:

Con. arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) Church Home Infirmary

8768 ✓ F 38768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH: St. Paul Apartments
CITY OF BALTIMORE: (No.) St. Paul St. & Mt. Royal Ave. (St.) 11-2 (Ward) 46-E
Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred About 67 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME: John Bernard Berger
If U.S. Veteran specify WAR ____
(a) Residence: No. St. Paul St. & Mt. Royal Ave. (St.) Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nellie Marie Smith

6. DATE OF BIRTH (month, day, year): ----------

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 67	---	---	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lawyer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: Bernard Berger
14. BIRTHPLACE (city or town) (State or country): ------- Germany

15. MAIDEN NAME: Crencenthea Grandy
16. BIRTHPLACE (city or town) (State or country): ------- Germany

17. INFORMANT: Mrs. Nellie M. Berger
(Address): St. Paul Apartments

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Cemetery Date: 9/3 1937

19. UNDERTAKER: Henry H. Meals and Son
(Address): 805 N. Calvert St.

20. FILED: [illegible] Registrar
9-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937. to August 31, 1937.
I last saw him alive on August 31, 1937. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary carcinoma of the liver	about May 1, 37

Other contributory causes of importance: None

Was an operation performed? No Date of —
For what disease or injury?
What test confirmed diagnosis? Clinical & laboratory tests. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Lewis E. O'Neill M. D.
(Address) 1203 W. Fayette St.

✓ F 38769

38769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 46-B

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., University Hospital Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jennie E Miller

(a) Residence: No. Manchester Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
(or) WIFE of William H Miller

DATE OF BIRTH (month, day, year) Feb 3 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year) July 1937

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Agusta Redding

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Chas. F. A. Miller

(Address) Manchester Md

BURIAL, CREMATION, OR REMOVAL

Place Manchester Md Date 9-5 1937

UNDERTAKER Geo H Wimpis Sons

(Address) Manchester Md

FILED 9-7 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/21 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/27 1937 to 9/21 1937

I last saw h[illegible] alive on 9/21 1937 Death is said to have occurred on the date stated above, at 3:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	1937
Other contributory causes of importance:	
Chronic phlebitis	1937
Cholelithiasis.	1937

Was an operation performed? Yes Date of 8/31/37

For what disease or injury? Carcinoma of stomach

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) B S Gatchell Jr M.D.

(Address) University Hospital

F 38770

38770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louis Scoggins

(a) Residence: No. 1707 W. Franklin St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanches Scogging

6. DATE OF BIRTH (month, day, year) Oct. 1, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Issa Scogging

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Bettie Thornton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Blanches Scogging
(Address) 1707 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Md. Cemetery Date Sept 3rd 1937

19. UNDERTAKER Joseph A. Kirby
(Address) 1000 Pennsylvania Ave

FILED 9-2-1937 Huntington Ave, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 31, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Autopsy and from the evidence (Inquest, Autopsy or Inquiry)
obtained by Inquest & Autopsy that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures of Ribs. Internal Injury	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Date of injury Aug 30, 1937.

Where did injury occur? Cor. 23 Canton Rd
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Industry

Manner of injury Struck by Ball of Wood

Nature of injury Multiple Fractures of Ribs. Internal Injuries

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Related to Working

(Signed) H. C. Cullen M. D.
Coroner

(Address) 2767 N. Howard St

38771 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 38771

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Cate Sts. 27-17 Ward)

Registered No. 127 B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Penrose Dietz

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2709 Guilbain Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Mirian Dietz

7. DATE OF BIRTH (month, day, year) About 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	2.	2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Service Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) Aug 1937

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mary Sleeger - Son

(Address) York Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place York Pa Date Sept 4th 1937

19. UNDERTAKER Wm Cook

(Address) 127 S Paul St

20. FILED 9-3 1937 Registrar Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-2-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 8-27 1937 to 9-2- 1937

I last saw him alive on 9-2- 1937. Death is said to have occurred on the date stated above, at 4:40 P.m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
(1)	Carcinoma Ileum - Etiology Undetermined	Aug 17 1937
(2)		
	Other contributory causes of importance:	
(3)	Secondary Toxemia	
(4)	Circulatory Failure	

Was an operation performed? yes Date of Sept 1-1937

For what disease or injury? Intestinal Obstruction

Name of operation Laparotomy

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. G. Leibaff M. D.

(Address) St. Agnes Hospital

38372 E 38772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 11-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel Caldwell If U. S. Veteran specify WAR

(a) Residence: No. 1306 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/31/09

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	9 10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Charles Caldwell

14. BIRTHPLACE (city or town) (State or country) Md -

15. MAIDEN NAME Ethel Adams

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Md. Date Sept 5 1937

19. UNDERTAKER D. Marshall Md.
(Address) Ft. Medinah

20. FILED Sept 5 1937 Registrar, Westminster, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2. 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 13. 1936 to Sept 2 1937
I last saw her alive on Sept 2 1937 Death is said to have occurred on the date stated above, at 10 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyperthyroidism	1926

Other contributory causes of importance:

Died during Operation	

Was an operation performed? Yes Date of Sept. 2.

For what disease or injury?

Name of operation Subtotal Thyroidectomy

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Paul A. Rumbel M. D.

(Address) The Johns Hopkins Hospital

38773 - HEALTH DEPARTMENT—CITY OF BALTIMORE No. 38773

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hospital

CITY OF BALTIMORE: (No. ..... St., 9-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Chevy Chase Md

(a) Residence: No. ..... St. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Isabel R. Hays

6. DATE OF BIRTH (month, day and year) Sept 13 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Gov.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Kentucky

FATHER

13. NAME David Hays Sr

14. BIRTHPLACE (City or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Elizabeth Shelton

16. BIRTHPLACE (City or town) (State or country) Kentucky

17. INFORMANT Isabel R. Hays
(Address) Chevy Chase Md

18. BURIAL, CREMATION, OR REMOVAL Washington DC Date 9/3/37, 19

19. UNDERTAKER William Cobb
(Address) 1217 St Paul Street

20. FILED Washington Williams NDP

9-3-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-2-, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held a Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The prinripal rause of death and related causes of importance were as follows:

Fractured Skull

Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury 9/2/37, 19

Where did accident occur? Rockville Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Collision with auto

Nature of injury Bruises

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) Hubert Bailey Auto Coroner, M. D.

(Address) 907 N Charles

F 38774

38774 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 9

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1311 Pressheman St., 15-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 8 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gladys Elizabeth Mitchell — If U. S. Veteran specify WAR ____

(a) Residence: No. 1311 Pressheman St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Infant

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) Dec 11-1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Walker Mitchell
14. BIRTHPLACE (city or town) (State or country) Virginia
15. MAIDEN NAME Marguite Porter
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Marguerite Mitchell
(Address) 1311 Pressheman

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cemetery Date 9/3 1937

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pressman St

Filed 9-3-1937 Livingston Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1937 to Sept 1, 1937
I last saw her alive on Sept 1, 1937 Death is said to have occurred on the date stated above, at 2-45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Whooping Cough	4 Weeks

Other contributory causes of importance:
age -

Was an operation performed? none Date of ____
For what disease or injury? ____
Name of operation ____ Date of ____
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19__
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Wm H. Wright M. D.
(Address) 1209 Pressheman St.

38775 T 38775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2604 East Hoffman St. 8-3 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna C. De Shields

(a) Residence: No. 2604 East Hoffman St., ..Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Walter N. De Shields

6. DATE OF BIRTH (month, day, year) Sept 7-1877

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
59	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) 1937

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Pats Md

FATHER

13. NAME John A Trebert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma Powell

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Walter N. De Shields
(Address) 2604 East Hoffman

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary's Hampden Date Sept 3, 1937

19. UNDERTAKER Alexander Cabot
(Address) 121 St Paul Street

20. FILED Sept 3, 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/31/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber M. D. Coroner

(Address) 117 E. North Ave

3433

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38776

CERTIFICATE OF DEATH

87-a

F 38776

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7-S St., Ward)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Berg If U. S. Veteran specify WAR

(a) Residence: No. Colgate Creek St., Ward Balto

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida M Berg

DATE OF BIRTH (month, day, year) 1/27/66

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	71	7	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 5 years

12. BIRTHPLACE (city or town) (State or country) Sweden

13. NAME of Father Jorge Berg

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME of Mother Anna —

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Records - (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Cem Sept 4 '37

19. UNDERTAKER John Ulrich (Address) 2008 Eastern Ave

Washington Boulevard, MD

Registrar.

SEP 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1937, to Sept 2, 1937

I last saw h alive on Sept 2, 1937. Death is said to have occurred on the date stated above, at 1:35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Postoperative Bronchopneumonia	8-30-37
Arteriosclerotic Heart Disease - Auricular Fibrillation	1926 Indefinite
Other contributory causes of importance:	

Was an operation performed? Yes Date of 8-26-37

For what disease or injury? Tic Douloureux (Trifacial)

Name of operation Section N.V left

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) William Gray Walton, M. D.

(Address) Johns Hopkins Hospital

333324

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38777 — JOHNS HOPKINS HOSPITAL — 137 F 38777

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4-1 St., Ward)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Andrew Holmberg — If U. S. Veteran specify WAR

(a) Residence: No. 612 E Pratt St St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3-30-71

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

13. NAME Andrew 3

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Sept 3 1937

19. UNDERTAKER John Weikel & Sons
(Address) Orleans

20. FILED SEP 3 - 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1937 to Aug 29, 1937

I last saw him alive on Aug 29, 1937. Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia - post - operative — Date of onset 8-26-37

Other contributory causes of importance:

Uremia

Was an operation performed? yes Date of 8-23-37

For what disease or injury? Benign Prostatic Hyper-trophy

Name of operation Transurethral Resection

What test confirmed diagnosis? Blood Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify no

(Signed) James H Semans M. D.

(Address) Johns Hopkins Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38778 F 38778

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 14-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nessbie L. Williams (25365)

If U. S. Veteran specify WAR .....

(a) Residence: No. 1823 Druid Hill Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Angeline

6. DATE OF BIRTH (month, day, year) Nov. 7, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	9	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Miss.

13. NAME Willie Lee

14. BIRTHPLACE (city or town) (State or country) Ga.

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place MtEden Date 9/4 1937

19. UNDERTAKER Lamb & W. Funeral Home
(Address) 638 N. Gilmor

EP 3 - 1937 Eastern Ave., Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1937 to September 2, 1937

I last saw h..... alive on September 2, 1937 Death is said to have occurred on the date stated above, at 12:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Est. 1937

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) L. M. Curtis M. D.

(Address) Baltimore City Hospitals

✓ F 38779

38779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 23 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jessie Dupree

(a) Residence: No. 201 S Caroline St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	S

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) — 1916

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
21	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) SC

FATHER

13. NAME Wilson Dupree

14. BIRTHPLACE (city or town) (State or country) SC

MOTHER

15. MAIDEN NAME Emma Dupree

16. BIRTHPLACE (city or town) (State or country) SC

17. INFORMANT Emma Dupree

(Address) 201 S Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date June 24 1937

19. UNDERTAKER E Roy D Wilson

(Address) 1000 Brentalyave Huntington Williamsport Md

D. FILED June 24 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)

to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	about June 15 1937
Phthisis	

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ... M. D.

Coroner

(Address) 507 Eutaw St

S 6

38780 F 38780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leah London

If U. S. Veteran specify WAR .....

(a) Residence: No. 2914 Oakley Av. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Albert

DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30			

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton Pa.

13. NAME Max Zoly

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rose

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Herring Run Date 9-3-37 19

19. UNDERTAKER Jack Levy Inc.
(Address) 1000 E. Baltimore St.

20. FILED ..... 19 ..... Registrar

3-1937 Lexington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/3/37

22. I HEREBY CERTIFY, That I attended deceased from 8/14 1937 to 9/3 1937

I last saw h.r alive on 9/3 1937 Death is said to have occurred on the date stated above, at 7 35 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic nephritis, Uremia	1930
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Alfred S Schwarz, M. D.

(Address) Sinai Hospital

38781 F 38781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-9 Ward)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 49 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME LOUIS FURMAN

(a) Residence: No. 4017 Carlisle Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fannie Ellen

7. DATE OF BIRTH (month, day, year) .....

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dress Mfg.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 042

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Date 9-3-37

19. UNDERTAKER Jacob Lewis Inc.
(Address) 1439 E. Baltimore St.

20. FILED ... 19... Registrar

9 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9 1 3 1937

22. I HEREBY CERTIFY, That I attended deceased from AUGUST 11 1937 to SEPT 3 1937

I last saw him alive on SEPT 3 1937 Death is said to have occurred on the date stated above, at 6:53 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CONGESTIVE HEART FAILURE	8/25
Other contributory causes of importance: BRONCHO-PNEUMONIA	9/3

Was an operation performed? Yes Date of 8/26

For what disease or injury? Prostatic Hypertrophy

Name of operation Perineal prostatectomy

What test confirmed diagnosis? MICROSCOPIC SECTION Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milton Bernstein M. D.

(Address) Sinai Hospital

38782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 F 38782

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 12-d Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Elizabeth Heard Waterfield

If U. S. Veteran specify WAR No

(a) Residence: No. 2029 N. Calvert St., Ward. Norfolk, Va.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: James Waterfield

6. DATE OF BIRTH (month, day, year): June 25-1899

7. AGE — Years: 38 — Months: 2 — Days: 8 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home 0037

10. Date deceased last worked at this occupation (month and year): 2 yrs

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: William Watlow.

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Maggie Harding

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Evelyn Smiley Daughter

(Address) 2029 N. Calvert St. Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Richmond Va. Date: Sept 5-37 19

19. UNDERTAKER: Stewart & Drawer Co

(Address) 108 W. North Ave. Balto. Md.

20. FILED: SEP 3 - 1937 — Clayton Williamson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sep-2-, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 13 Sept 2, 1937

I last saw her alive Sept 2, 1937. Death is said to have occurred on the date stated above, at 3:27 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	Abt 1934
Other contributory causes of importance:	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H H Burns M. D.

(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38783

CERTIFICATE OF DEATH

107-a

F 38783

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 137 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oscar Simons

If U. S. Veteran specify WAR

(a) Residence: No. 2452 Eutaw Pl. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of [not WIFE of] Late Baila

DATE OF BIRTH (month, day, year) 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Aaron Simons

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Ethel Shune

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel Simons

(Address) 2452 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL Hebrew Herring Run Date Sept 3 19 37

19. UNDERTAKER Sol Levinson Bros

(Address) 1126 W Baltimore ave

Filed Sep 3 - 1937 Washington Williamson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/3 19 37

22. I HEREBY CERTIFY, That I attended deceased from 9/1 19 37 to 9/3 19 37

I last saw h. alive on 9/2 19 37. Death is said to have occurred on the date stated above, at 6 40 A. m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Acute congestive heart failure	9/3/37
Other contributory causes of importance: Bronchopneumonia	8/30/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Milton Bernstein M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

38784

CERTIFICATE OF DEATH 93C

F 38781

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Bessie Lodan

(a) Residence: No. 515 N. Patterson Pk. Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Harry Lodan

6. DATE OF BIRTH (month, day, year) 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Frank Blackmer

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Yukerman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Joe Lodan

(Address) 515 N. Patterson Pk. Ave.

18. BURIAL, CREMATION, OR REMOVAL Hebrew Mt Carmel Sept 3 1937

19. UNDERTAKER Sol Levinson & Bro

(Address) 126 S Paca St

20. FILED Sept 3 1937 Washington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber M. D. Coroner

(Address) 1919 E. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

8785

CERTIFICATE OF DEATH

49a F 38785

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 S. Ann St. 2-E Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alvertz M. Walter

If U. S. Veteran specify WAR .....

(a) Residence: No. 109 S. Ann St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug 9 - 1884

7. AGE: Years 53; Months ....; Days 23; If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME: Jesse Walter

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Emma Rhor

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Anna Walter

(Address) 109 S. Ann St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept 4th 1937

19. UNDERTAKER: Leo G. Brooks

(Address) 1705 N. Patterson Park Ave

20. FILED ..... 19.....

SEP 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1 1937

22. I HEREBY CERTIFY, That I attended deceased from May 27 1937 to Sept 1 1937

I last saw h.. alive on Sept 1 1937. Death is said to have occurred on the date stated above, at 6:50 a.m./p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Intestines	1936
Other contributory causes of importance: Toxic Encephalopathy	10 days

Was an operation performed? Yes Date of 4 weeks ago

For what disease or injury? .....

Name of operation Exploratory Laparotomy & Resection

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If ..... specify .....

(Signed) Edward J. Kroll M. D.

(Address) 4130 Fresh Avenue

F 38786

38786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St., 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Eric Boyd

If U.S. Veteran specify WAR .....

(a) Residence: No. Hamsonburg Va St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept. 2-37

8. AGE	Years	Months	Days	If LESS than 1 day, 3 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Elmer Boyd?

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Ora Helena Houchen

16. BIRTHPLACE (city or town) (State or country) Rockingham Va

17. INFORMANT mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL SEP 3 - 1937 19

19. UNDERTAKER Commissioner of Health

(Address) For L. L. Moore

20. FILED Huntington Williams Jr.

3 - 1937 3467

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1937 to Sept. 2, 1937

I last saw h..... alive on Sept 2, 1937 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (6 mo)	—

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify.

(Signed) Gilbert E. Rudman M. D.

(Address) St Josephs Hospital

F 38787

Alston

38787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Lorman St., 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Verdie Alston

(a) Residence: No. 1615 Lorman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Willie Alston

6. DATE OF BIRTH (month, day, year) Jan. 8, 1906

7. AGE: Years 31 | Months 8 | Days 22 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Minister 0040

10. Date deceased last worked at this occupation (month and year) 8/29/37 | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairfield, S. Car.

FATHER

13. NAME Paul Alleston

14. BIRTHPLACE (city or town) (State or country) Wilson N.C.

MOTHER

15. MAIDEN NAME Edna Howell

16. BIRTHPLACE (city or town) (State or country) Halifax Va

17. INFORMANT Willie P. Alleston (Wife)
(Address) 1615 Lorman St

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Calvary Cem. Date 9/3/37 19

19. UNDERTAKER Chas. Gorsuch
(Address) 214 N. Calhoun St.

20. FILED ... 19 ... Registrar.

9-3-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described thereon and (from the evidence above, held an (Inquest, Autopsy or Inquiry) and that said deceased came (Inquest, Autopsy or Inquiry) death on the day stated above. 1010 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. Nalle Carrico M. D.
Coroner

(Address) 215 N. Eutaw St.

38788 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38788

38788

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp St. 15-6 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby boy Jakeum

(a) Residence: No. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Aug 31 '37

AGE	Years	Months	Days	If LESS than 1 day 20 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Jakeum

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Barbara Gschwandtner

16. BIRTHPLACE (city or town) (State or country) Munich Germany

17. INFORMANT Mrs John Jakeum (mother)
(Address) 200 Longwood St

18. BURIAL, CREMATION, OR REMOVAL
Place Body retained at Hospital Date , 19

19. UNDERTAKER
(Address)

20. FILED , 19 Registrar.

9-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month) Sept 1 '37, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1937 to Sept 1, 1937

I last saw him alive on Sept 1, 1937 Death is said to have occurred on the date stated above, at 1 3/4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	Aug 31 37
	same
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Mansfield M. D.

(Address) Md. Gen. Hospital

3878?

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38789

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier 4 Pratt St. St., 14-3 Ward)

Registered No. 183

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel Chambers

If U. S. Veteran specify WAR ...

(a) Residence: No. 1912 Brunt St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 6, 1910

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
27	—	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Not Known

11. Total time (years) spent in this occupation Not known

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md

FATHER

13. NAME George Chambers

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

MOTHER

15. MAIDEN NAME Mary Green

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

17. INFORMANT John Chambers

(Address) 1137 Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Date Sept 4 1937

19. UNDERTAKER Wm. E. Jenkins

(Address) 1333 Lexington St

20. FILED Sept 4 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	Sept 1, 37

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 1, 1937

Where did injury occur? Baltimore, Md (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place Public Road

Manner of injury Fell into harbor

Nature of injury Asphyxiation by water

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel B. Wylie Coroner, M. D.

(Address) 1331 E. Monument St

SEP 3 1937

38790 F 38790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓131

6-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 N. Milton Ave. St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Virginia Walter

(a) Residence: No. 103 N. Milton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Llewellyn Walter

6. DATE OF BIRTH (month, day, year) July 10, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Lindsay Dawson

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Mr. Howard L. Walter
(Address) 103 N. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date 9/4/37

19. UNDERTAKER Philip Henrig Sons
(Address) 2016 Orleans St.

20. FILED SEP 3 1937 Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1st, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5 - 1930 to Sept - 1 - 1937

I last saw h.. alive on Sept - 1 - 1937. Death is said to have occurred on the date stated above, at 11.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause	
Cardio Vascular Renal Disease	Dec 1936
Other contributory causes of importance	
Cerebral Embolism	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. A. Reuert M. D.

(Address) .....

38708 4 HEALTH DEPARTMENT—CITY OF BALTIMORE 38791

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5-72-a Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 20 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Howell

If U. S. Veteran specify WAR .....

(a) Residence: No. Belair - Md - St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/24/19

7. AGE: Years 18 | Months 1 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmhand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0096

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

13. NAME Elgy Howell

14. BIRTHPLACE (city or town) (State or country) N - Car -

15. MAIDEN NAME Flora Settle

16. BIRTHPLACE (city or town) (State or country) N. Car

17. INFORMANT Friends -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mountain Church Date Sept 5 1937

19. UNDERTAKER Deem & Toll
(Address) Belair Md

FILED 9-3-1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1937 to Sept 2, 1937

I last saw him alive on Sept 2, 1937 Death is said to have occurred on the date stated above, at 4:35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute leukemia, probably lymphoid in type.	Feb 5, 37
Acute pharyngitis and tonsillitis (terminal) & cervical lymphadenitis.	Aug 23, 37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter Bach, M. D.

(Address) Johns Hopkins Hosp

38792 HEALTH DEPARTMENT—CITY OF BALTIMORE F 38792

CERTIFICATE OF DEATH ✓ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2304 Echodale Av e St., 27-6 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Furith A H Burton

If U. S. Veteran specify WAR .....

(a) Residence: No. 2304 Echodale St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Charles W Burton

6. DATE OF BIRTH (month, day, year) Nov 7 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	79	9	23	4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME James Leach

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Ellen Patton

16. BIRTHPLACE (city or town) (State or country) Balimore

17. INFORMANT Chas W Burton
(Address) 2304 Echodale Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem Date Sept 4 1937

19. UNDERTAKER John Ullrich
(Address) 2008 Orleans St

20. FILED Sept 7 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/1/1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1937 to Sept 1, 1937

I last saw her alive on Sept 1, 1937 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	a number 74 years
Other contributory causes of importance:	
Cardiac Decompensation	Aug 31 1937

Was an operation performed? no Date of ✓

For what disease or injury? .....

Name of operation ✓

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Morris B. Green M. D.

(Address) 5543 Harford Rd
Baltimore Md

38793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 38793

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md. Registered No. 22-1 117-B

CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town, where death occurred ..... yrs. 8 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard Hodges If U. S. Veteran specify WAR .....

(a) Residence: No. 718 S. Charles St., Balto. Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Olive Smith

6. DATE OF BIRTH (month, day, year) April 11, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AB Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant Marine

10. Date deceased last worked at this occupation (month and year) 8-15-37

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Kent Co., Md.

FATHER

13. NAME Richard Hodges

14. BIRTHPLACE (city or town) (State or country) Kent Co., Md.

MOTHER

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) Kent Co., Md.

17. INFORMANT (Address) Records- U.S. Marine Hospital, Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place Tolchester, Md. Date Sept 4, 1937

19. UNDERTAKER Mrs Katie R. Williams (Address) 322 S. Schroeder St.

20. FILED ..... 19... Huntington Williams, M.D.

SEP 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 22, 1937 to September 2, 1937

I last saw him alive on September 2, 1937. Death is said to have occurred on the date stated above, at 4:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcer, duodenal, perforating	June '37
Peritonitis, general, acute	8-26-37
Hemorrhage, ulcerous	June '37

Other contributory causes of importance:

Was an operation performed? Yes Date of 8-30&8-1-37

For what disease or injury? Hemorrhage & Diagnosis

Name of operation Blood transfusion&Spinal Puncture

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) I. B. N. a duse. M. D.
I. B. Anderson

(Address) U. S. Marine Hospital, Balto. Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 38794 ✓ 131 F 38794

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1546 Latrobe Park Terrace Ward 1)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary V. Sheckels

(a) Residence: No. 1546 Latrobe Park Terrace Ward.....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wm. J. Sheckels

7. DATE OF BIRTH (month, day, year): July 3 1871

AGE: Years: 66 Months: 1 Days: 28 If LESS than 1 day, ...hrs. or ....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (city or town) (State or country): Baltimore,

13. NAME of Father: Patrick Carroll

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME of Mother: Margaret Welsh

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Henry J. Sheckels
(Address) 1546 Latrobe Terrace

18. BURIAL, CREMATION, OR REMOVAL: Place Elder Hill Cem Date Sept. 4 37

19. UNDERTAKER: Margaret G. Flynn
(Address) 1422 Light St

20. FILED: Sept 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 1st, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 29th, 1937, to Sept 1st, 1937

I last saw h.. alive on Aug. 31st, 1937 Death is said to have occurred on the date stated above, at 8:50 a.m.

The principal cause of death and related causes of importance were as follows: General arterio-sclerosis, Chronic interstitial nephritis — Date of onset 3/29/37

Other contributory causes of importance: Uraemia — 8/Ce/37

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? P. M. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Harry Zeibel M. D.

(Address) 1224 Hanover St.

38795 HEALTH DEPARTMENT—CITY OF BALTIMORE 38795

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1952 W. Fayette St. (or) 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rachel Oneill

If U. S. Veteran specify WAR

(a) Residence: No. 1952 W. Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Stephen J. Oneill

7. DATE OF BIRTH (month, day, year): Dec. 17. 1855

8. AGE: Years: 81; Months: 8; Days: 16 14; If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Raleigh N.C.

13. NAME: Joseph Downey

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Johanna Monahue

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Miss Angela M. Oneill

(Address): 1952 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL: Place: Cathedral Cem. Date: Sept 6 '37

19. UNDERTAKER: Margaret G. Fahey

(Address): 1422 Light St

20. FILED: 3-1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/15, 1937 to 9/2, 1937

I last saw h. er alive on 9/1, 1937 Death is said to have occurred on the date stated above, at 4 25 / 12 24 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	8/21/37
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... No

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) L. S. Hamilton M. D.

(Address) 1745 W. Fayette St

38796 F 38796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 N Lanvale St., 11-4 Ward)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S. If of foreign birth? 92 yrs. 10 mos. 15 ds.

2. FULL NAME Sarah Mathilda Hilleary

If U. S. Veteran specify WAR NONE.

(a) Residence: No. 307 N. Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of (Single)

6. DATE OF BIRTH (month, day, year) October 18 1844

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
92	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Prince George Co. Maryland

FATHER

13. NAME Henry Hilleary

14. BIRTHPLACE (city or town) (State or country) Prince George Co. Maryland

MOTHER

15. MAIDEN NAME Mathilda Magruder

16. BIRTHPLACE (city or town) (State or country) Prince George Co. Maryland

17. INFORMANT Miss Mary S. Hilleary (niece)

(Address) 307 N. Lanvale

18. BURIAL, CREMATION, OR REMOVAL Place Garrison Forest Date Sep. 4, 37

19. UNDERTAKER Stewart & Morsell Co.

(Address) 108 W. Read ave.

20. [illegible] 19 37 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1937 to September 2, 1937

I last saw her alive on September 2, 1937 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General debility of age	15 years
Arteriosclerosis generalized	10 years
myocarditis, chronic	
Other contributory causes of importance:	
hypostasis of spine	30 years

Was an operation performed? No Date of

For what disease or injury?

Name of operation none clinical laboratory methods. What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hunter R. Smith, Jr. M. D.

(Address) 101 W. Saint St, Balto Md

38797 HEALTH DEPARTMENT—CITY OF BALTIMORE F 38797

CERTIFICATE OF DEATH

Registered No. 183

1. PLACE OF DEATH Found floating in the water
CITY OF BALTIMORE: (No. Foot of Montgomery St. 22-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Unknown.

(a) Residence: No. Do not know. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divurred (write the word)
Male	White	Do not know.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Do not know.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. S. D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

V S 6 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Found August 23, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning,	
Probably accidental.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

9/1/37 (Signature) Otho A. Pennewell Coroner, M. D.
(Address) 1017 S. Charles St.

38798 E 38798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Jane H Bassett

(a) Residence: No. Chicago St., Ill. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William A Bassett

6. DATE OF BIRTH (month, day, year) Dec 26 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

13. NAME James Berryman

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Matilda James

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Mrs A D Rath

(Address) 1314 Cornelia St Chicago

18. BURIAL, CREMATION, OR REMOVAL

Place Chicago Date Sept 3 1937

19. UNDERTAKER John Ulrich

(Address) 2000 S Arlington

20. FILED Sept 3 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/3 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/28 1937 to 9/3 1937

I last saw her alive on 9/3 1937 Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were:

	Date of onset
Arteriosclerotic Cardio-Vascular Disease, Auricular Fibrillation Cerebral Embolus.	8/27/37

Other contributory causes of importance:

Diabetes Mellitus, Hypertension Cardiovascular Disease

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clin Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. Nelson Carey M. D.

(Address) 1014 St Paul St.

- 1937

38799 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 38799

CERTIFICATE OF DEATH 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-K Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Evelyn May Merson

(a) Residence: No. Beltsville, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

7. DATE OF BIRTH (month, day, year)	August 6, 1937.			
7. AGE	Years	Months	Days 27	If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Olney, Md Sandy Spring Hosp.

13. NAME John Merson

14. BIRTHPLACE (city or town) (State or country) Burtonsville, Md.

15. MAIDEN NAME Gertie Merson

16. BIRTHPLACE (city or town) (State or country) Burtonsville, Md.

17. INFORMANT Gertie Merson
(Address) Beltsville Md

18. BURIAL, CREMATION, OR REMOVAL Laurel Md. Date Sept. 4, 37

19. UNDERTAKER The W. B. White Co., Inc.
(Address) Laurel Md.

FILED 1937 Washington Co., Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 29, 1937 to Sept 2, 1937
I last saw her alive on Sept 2, 1937. Death is said to have occurred on the date stated above, at 8:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea (cause undetermined)	8/28/37
Dehydration	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Gibson J. Wells M. D.
(Address) University Hospital

F 38800

38800 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

X V 95-B

1. PLACE OF DEATH University Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 4-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. V ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME MRS Dora Lee FRANCE

(a) Residence: No. Ella Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: J. William France

6b. DATE OF BIRTH (month, day, year): Sept. 11, 1879

6c. AGE: Years 57 | Months 11 | Days 6 or 21 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: John Hobson

14. BIRTHPLACE (city or town) (State or country): Virginia

15. MAIDEN NAME: Barbara Reese

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: J. William France
(Address): Ella Rd

18. BURIAL, CREMATION, OR REMOVAL
Place: Ella Cem Date: Sept 5, 1937

19. UNDERTAKER: Easton Tobey
(Address): Ellicott City

20. FILED: Sept 4 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-1-37, 19..., to 9-2-37, 19...

I last saw her alive on 9-2-37, 19... Death is said to have occurred on the date stated above, at 6.10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	
with Decompensation	
Other contributory causes of importance:	
Bronchial Pneumonia	

Was an operation performed? NO Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) W. Finney Wallace M. D.

(Address) Univ. Hospital

38801 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38801

CERTIFICATE OF DEATH V 46-C

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 N. Luzerne Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Bernard J. Ritz

(a) Residence: No. 1405 N. Luzerne Ave Ward ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Mary A. Ritz

6. DATE OF BIRTH (month, day, year) Apr 11 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Schuchardt Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 2008

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

FATHER

13. NAME Peter Ritz

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Lena Ulrich

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Mrs Mary A Ritz 1405 N Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL Place St Mary's Cemetery Norfolk Va Date Sept 5th 1937

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED Sept 4 1937 Registrar

MEDICAL CERTIFICATE OF DEATH 10:00 AM

21. DATE OF DEATH (month, day, year) Sept 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1937 to Sept 3 1937

I last saw him alive on Sept 3 1937. Death is said to have occurred on the date stated above, at 9559 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon	May 1937
Contributory causes of importance: General carcinomatosis (Metastasis)	May 37

Was an operation performed? Yes Date of May 24 37

For what disease or injury? Carcinoma of colon

Name of operation Exploratory Laparotomy with Path. Ex. of Specimen (Wedge side) No

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J Frederick Leitz, M. D.

(Address) Temple Bar Bldg

8802

F 38802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5232 Kramore Rd St. 27-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Esther E. Harkins

(a) Residence: No. 5232 Kramore Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced RELICT of (or) WIFE of Harry R. Harkins

6. DATE OF BIRTH (month, day, year) Oct. 18, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	10	16 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Feb 1937

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm Warner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Andrew J Harkins

(Address) 2801 Alexandria Sq.

18. BURIAL, CREMATION, OR REMOVAL

Place Ledge Hill. Date 9/6/37

19. UNDERTAKER: Wm Level

(Address) 1217 St Paul St

20. FILED 9-7-1937 Thurlington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 21 1937 to Sept 3 1937

I last saw her alive on Sept 3 1937 Death is said to have occurred on the date stated above, at 8 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	about May 1 1937
Other contributory causes of importance: Gastric Carcinoma	Same

Was an operation performed? yes Date of May 18-1937

For what disease or injury? Gastric carcinoma

Name of operation Gastro-Enterostomy

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Morris B. Green M. D.

(Address) 5543 Harford Rd Baltimore Maryland

8803 V E 38803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2600 Strathmore Ave Ward 3
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran, specify WAR No Record

2. FULL NAME Margaret A Seyfert
(a) Residence: No. 2600 Strathmore Ave Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: William H.
6. DATE OF BIRTH (month, day, year): 2/20/1853
7. AGE: Years 84 | Months 6 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER
13. NAME: Thos A. Cottingham
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: "
16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Lyle Stubbs
(Address): 1013 Rosedale St

18. BURIAL, CREMATION, OR REMOVAL
Place: London Pk. Date: Sept 4th 1937

19. UNDERTAKER: Williams & Cook
(Address): 12 E Saint Paul St.

20. FILED: Sept 3 1937 Huntington Station, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from July ..... 1937, to Sept 2 ..... 1937. I last saw her alive on Sept 2 ..... 1937. Death is said to have occurred on the date stated above, at 6.4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Reese Goldsborough M. D.
(Address) 6703 Bamford Rd

38804 HEALTH DEPARTMENT—CITY OF BALTIMORE 38804

CERTIFICATE OF DEATH 25589--E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 12-6 Ward) 10 7-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Henry McClone

(a) Residence: No. 2524 N. Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia McClone

6. DATE OF BIRTH (month, day, year) 11-30-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none Construction Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stf 2030

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME ? B. F. McClone

14. BIRTHPLACE (city or town) (State or country) ? Md

MOTHER

15. MAIDEN NAME Sarah ? Louise Delaney

16. BIRTHPLACE (city or town) (State or country) ? Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Laughlin Texas, Md. Date Sept 4 37

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED SEP 4 1937 Washington Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 5, 1937, to September 2, 1937

I last saw him alive on September 2, 1937. Death is said to have occurred on the date stated above, at 4.30 A m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 8-19-37

Other contributory causes of importance: Arteriosclerosis — Unknown

Was an operation performed? No — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lautelle, M. D.

(Address) Baltimore City Hospitals

38805 F 38805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 5-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World War

2. FULL NAME James Lease

(a) Residence: No. 4 N. Front St., ... Ward. A 11
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Male	white	Widowed

6a. If married, widowed, ~~or divorced~~ HUSBAND of ~~(or) WIFE of~~ Ann Knoop

6. DATE OF BIRTH (month, day, year) About 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Norfolk Va.

MOTHER FATHER

13. NAME Albert O. Lease

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Georgia E. Fogarty

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Albert O. Lease

(Address) 316 N. Stilton St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Matthews Date Sept 5th 1937

19. UNDERTAKER Wm Cook

(Address) 427 St. Paul St

20. FILED 19 ..... Registrar

9-4-1937 Washington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st 1937 to Sept 1st 1937

I last saw h. alive on Sept 1st 1937. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerula Nephritis	?
Uremia	?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. Lasansky M. D.

(Address) Mercy Hospital

F 38806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a F 38806

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Preston & Aisquith Sts. 17-1 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henrietta Edwards

(a) Residence: No. 624 Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Edwards

6. DATE OF BIRTH (month, day, year) 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Rev J. J. Barnes

(Address) 1701 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 9/4/ 1937

19. UNDERTAKER Frances A Hemsley

(Address) 572 W. Biddle St

9 Sept 1937 Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Sept 1 1937

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George L. Allen, M. D.

Coroner

(Address) 50 Lexington St

S 6

F 38807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 13 F 38807

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St., 99 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. 2 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U.S. Veteran specify WAR ....

2. FULL NAME Grove Hall

(a) Residence: No. Rock Point, Maryland Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Hall

6. DATE OF BIRTH (month, day, year) — 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A.A. Co Md

13. NAME Hezekiah Manns

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Ella Richardson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Richard Hall

(Address) Mayo Bty. A.A. Co. Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mayo Bty Date Sept 5 1937

19. UNDERTAKER James Abbott

(Address) 142 W. 32nd St.

SEP 4 - 1937 Washington, D.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1 . 1937

22. I HEREBY CERTIFY, That I attended deceased from August 30 1937 to Sept 1 . 1937

I last saw her alive on Sept 1 . 1937. Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis.	?
Hypertensive Heart Disease	?
Other contributory causes of importance Pulmonary Edema	1 wk?

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert E. Redman, M. D.

(Address) St Joseph's Hospital

B 33699 B 38808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1498-1225 F 38808

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 1 St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel S Hopkins

If U. S. Veteran specify WAR

(a) Residence: No. 402 N. Central Ave. Ward. B2
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) 3/12/03

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Chris. Dabney

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Va Jones

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Date Sept 5 1937

19. UNDERTAKER Mrs R. A. Elliott & Daughter
(Address) 1128 N. Caroline St

20. FILED SEP 4 - 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1937, to Sept 1, 1937

I last saw her alive on Sept 1, 1937 Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction (post-operative paralytic)	5-25-37
Other contributory causes of importance:	

Was an operation performed? Yes Date of 5-26-37 5-28-37

For what disease or injury? Pregnancy Intestinal obstruction

Name of operation Low cervical section Cesarean

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury X

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. W. Dorman Jr. M. D.

(Address) Johns Hopkins Hospital

F 38809

38809 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 230 North Bond St Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Fisher

(a) Residence: No. 230 N Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James Fisher

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Francis

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Minnie Henderson

(Address) 1433 Arlington Ave

18. BURIAL, CREMATION OR REMOVAL

Place Mt Calvery Date Sept 4th 1937

19. UNDERTAKER Elroy O Wilson

(Address) 1000 Brantley Ave

20. FILED ..... 19 ..... Registrar

Huntington Williams, MD

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ~~inquest~~ (Inquest, Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	about Aug 1 1937

Other contributory causes of importance: —

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) George S. Allen, M. D.

Coroner

(Address) City

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38810

CERTIFICATE OF DEATH

124 aF 38810

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Ellen W. Lyons

If U. S. Veteran specify WAR .....

(a) Residence: No. Stevens Ave. Catonsville St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. Lyons (nee Wetzell)

6. DATE OF BIRTH (month, day, year) Sept 19 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe

10. Date deceased last worked at this occupation (month and year) Not Known

11. Total time (years) spent in this occupation Not Known

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George W. Lyons

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary E. Harrison

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Mary L. Lyons

(Address) Stevens Ave. Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 6. 1937

19. UNDERTAKER Harry B. Waple

(Address) 1201 Edmondson Ave

SEP 4 - 1937 Huntington Williams, M.D.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	1937
Rupture of Esophageal Varices	acute

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Samuel B. Wolfe M. D.

Coroner

(Address) 1331 Northline

38811

HEALTH DEPARTMENT—CITY OF BALTIMORE

38811

23

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2020 Bank St. St., 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 70 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Maryanna Ziemba

(a) Residence: No. 2020 Bank st. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married.

6a. If married, widowed, or divorced WIFE of Joseph Ziemba

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME unknown.

14. BIRTHPLACE (city or town) (State or country) unknown.

MOTHER

15. MAIDEN NAME unknown.

16. BIRTHPLACE (city or town) (State or country) unknown.

17. INFORMANT Joseph Ziemba
(Address) 2020 Bank St.

18. BURIAL, CREMATION, OR REMOVAL
Place ST. STANISLAUS CEM. Date Sept 5th 1937

19. UNDERTAKER George A. Weber
(Address) 705 S Conkling St

20. FILED ... 19... Registrar.

- 1937 Washington for Milwaukee, Wis.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3rd 1937

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1936 to Sept 2, 1937.

I last saw her alive on Sept 2, 1937. Death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical & physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) K. J. Kulacki M. D.

(Address) 126 S. Patterson Pk. Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38812 ✓ F 38812

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 9-2 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Genevieve A. Brown

If U. S. Veteran specify WAR .....

(a) Residence: No. Owings Mills Balto Co St., Md Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 12 1921

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Westminster Md.

FATHER

13. NAME Vernon Brown

14. BIRTHPLACE (city or town) (State or country) Westminster Md

MOTHER

15. MAIDEN NAME Mamie Shipley

16. BIRTHPLACE (city or town) (State or country) Westminster Md

17. INFORMANT Vernon Brown

(Address) Owings Mills Md

18. BURIAL, CREMATION, OR REMOVAL

Place Deer Park Date Sept 5 37

19. UNDERTAKER J. F. Cline & Sons

(Address) Reisterstown Md

SEP 4 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH ✓

21. DATE OF DEATH (month, day, year) Sept 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1937 to Sept 4, 1937

I last saw her alive on Sept 4, 1937. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Poliomyelitis, bulbar type	9-3-37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis D. Schwacker M. D.

(Address) Sydenham Hospital

38813 E-38813

HEALTH DEPARTMENT—CITY OF BALTIMORE

38813 13-B

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hosp. St. 13-8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Susie Emma Riley

(a) Residence: No. 1214 Union Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7 6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Louis Riley

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Ruth Hare

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Louis Riley
(Address) 1214 Union Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Cemetery Date Sept 6, 1937

19. UNDERTAKER Chenowith & Son
(Address) 365 W Chestnut Ave

SEP 4 - 1937 E. Taylor Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3. 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1937 to Sept 3 1937
I last saw her alive on Sept 3 1937. Death is said to have occurred on the date stated above, at 5:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bacillary Dysentary	Aug 29 '37

Other contributory causes of importance:
None

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) ..... M. D.
(Address) .....

F 38814

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38814

CERTIFICATE OF DEATH

Registered No. 94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2412 Steele Road) St. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Earle Edwards. If U. S. Veteran specify WAR

(a) Residence: No. 2412 Steele Road St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Maude F. Edwards

6. DATE OF BIRTH (month, day, year) Feb 3, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oil Marketer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan.

FATHER

13. NAME Frederick H. Edwards

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Emma M. Hall.

16. BIRTHPLACE (city or town) (State or country) Michigan.

17. INFORMANT Maude F. Edwards
(Address) 2412 Steele Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Sept. 6 1937

19. UNDERTAKER Chenoweth & Son.
(Address) 3615-17 Edmondson Ave

20. FILED ..... 19.... Registrar.

SEP 4 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1937 to Sept 2 1937 last saw h[illegible] alive on Sept 1 1937. Death is said to have occurred on the date stated above, at 5.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Angina pectoris	
(b) Coronary occlusion	
Other contributory causes of importance:	
above.	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Give city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Earle Edwards M. D.

(Address) 2412 Steele Road

38815 F 38815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26114 JS

26-895

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Moehn, Andrew

(a) Residence: No. 3507 Leverton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) 3-6-1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jacob Moehn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Cora ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Sept 6 37

19. UNDERTAKER Tyler & Son Co.
(Address)

20. FILED ... 19... Sept 4 1937 Dr. Nitkin M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 25, 1937 to September 1, 1937

I last saw him alive on September 1, 1937. Death is said to have occurred on the date stated above, at 6.35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Unknown
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. A. de Sautelle M. D.

(Address) Baltimore City Hospitals

33376

HEALTH DEPARTMENT—CITY OF BALTIMORE

38816

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James H. Crigler

If U. S. Veteran specify WAR .....

(a) Residence: No. 40 N. Bethel St., ... Ward. Hagerstown Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10-1-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Abraham Crigler

14. BIRTHPLACE (city or town) (State or country) Oklahoma

MOTHER

15. MAIDEN NAME Maude Neal

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Mem. Pk. Date Sept 4 '37

19. UNDERTAKER Mrs. Geo. H. Holland

(Address) 1631 Druid Hill Ave

Filed SEP 4 - 1937 Washington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1937 to Sept 2, 1937

I last saw him alive on Sept 2, 1937. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	2 wks
Pulmonary Tuberculosis	?
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) James H. Holland M. D.

(Address) Johns Hopkins Hospital

NSW.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38817 — CERTIFICATE OF DEATH — 23 — F 38817

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 7-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Virtis Lucas (18740) If U. S. Veteran specify WAR

(a) Residence: No. 1638 E. Madison St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 27, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) N. Car.

15. MAIDEN NAME Lula Mitchell

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Sept. 4 1937

19. UNDERTAKER Robert H. Goslee
(Address) 804 N. Chester St.

20. FILED 9-4-1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 16, 1936 to September 2, 1937

I last saw him alive on September 3, 1937. Death is said to have occurred on the date stated above, at 5:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	1935 Nov.

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) L. M. Coates, M. D.

(Address) Baltimore City Hospitals

38818 F 38818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hospital 8-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Roby Boy Ruosil ~~d~~ Russell — If U.S. Veteran specify WAR .....

(a) Residence: No. 2406 E Federal St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, 12 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Hyda T Russell

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Mary Tyler

16. BIRTHPLACE (city or town) (State or country) Bo New York

17. INFORMANT Hyda T. Russell
(Address) 2406 E. Federal St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Country Date Sept 4 1937

19. UNDERTAKER Henry Hoeck & Son Inc
(Address) 1301 E Eager St.

20. FILED Huntington L. Williams M.D.
4-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1937 to Sept 3, 1937.
I last saw him alive on Sept 3, 1937. Death is said to have occurred on the date stated above, at 11 20/0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	—
Other contributory causes of importance: Atelectasis	

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Gilbert E. Redman M. D.

(Address) St. Joseph's Hospital

38819

HEALTH DEPARTMENT—CITY OF BALTIMORE

38819

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital 15-10 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Kaplan

If U. S. Veteran specify WAR

(a) Residence: No. 4020 Garrison Blvd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, BUSBAND of (or) WIFE of: Ida

6. DATE OF BIRTH (month, day, year): 1863

7. AGE — Years: 74 — Months: — — Days: — — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

MOTHER FATHER

13. NAME: Hirsch Kaplan

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Tobia

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Hyman Kaplan

(Address) 2300 Rodgers ave

18. BURIAL, CREMATION OR REMOVAL

Place: New York Date: Sept 5 1937

19. UNDERTAKER: Sol Levinson & Bros

(Address) 1124-1126 W. North ave

Filed SEP 4 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1937, to Sept 3, 1937

I last saw h alive on Sept 3, 1937 Death is said to have occurred on the date stated above, at 1015 A.m.

The principal cause of death and related causes of importance were as follows:

Congestive Heart failure — Original onset July 1937

Chronic Nephritis — Recog 1937

Other contributory causes of importance:

over

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert S Solomon M. D.

(Address) Sinai Hospital

M. D. B. 1265-A

38820

F 38820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 87-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1722 Bayard St. 24-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susan Emma Thresher

(a) Residence: No. 1722 Bayard St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State):

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas Thresher

6. DATE OF BIRTH (month, day, year) Oct. 13-1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	11 10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

FATHER

13. NAME Caleb Tracy

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

MOTHER

15. MAIDEN NAME Ida Lowe

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT W. H. Thomas Thresher

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Sept 6, 1937

19. UNDERTAKER Edward A. Hines Inc.

(Address) 1147 W. Mt. St.

20. FILED ... 19 ... Registrar

Sept 6 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/3/37. 19

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1937, to 9/3/37, 19...

I last saw her alive on 9/3/37, 19... Death is said to have occurred on the date stated above, at 6 00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmhage	June 1937
Other contributory causes of importance: Pulmonary Congestion	9/1/37

Name of operation None Date of ...

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external ~~causes~~ (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jane Myler M. D.

(Address) 1228 N. Charles St.

38821 E 38821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X √160B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 12-2 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Carl Franklin Austin

(a) Residence: No. Queenstown, Md. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 28, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Queenstown Md.

FATHER

13. NAME Benjamin F. Austin, Jr.

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ethel Smith

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Frank Thomas Underhill
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Alexandria Va Date 9/4 1937

19. UNDERTAKER Robert Brooks Olson
(Address) Salem & Hall

20. FILED ... 19... Ft. Eustis, Virginia
9-4-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1937 to Sept. 3, 1937

I last saw him alive on Sept. 3, 1937. Death is said to have occurred on the date stated above, at 8:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid Hemorrhage	8/28/37
Sclerema	8/30/37
	passed

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? L.P. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Sidney Salmon M. D.

(Address) Union Memorial Hospital

38822 E 38822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital W-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos. 7 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mrs. Addie Belle Walker

If U. S. Veteran specify WAR .....

(a) Residence: No. Elmore, Va St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. E. Walker

6. DATE OF BIRTH (month, day, year) July 13-1867

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Wm Holland

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Wm E Walker

(Address) Belhaven Va

18. BURIAL, CREMATION, OR REMOVAL Place Belhaven Va Date 9/4/37

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins sts

20. FILED 9-4-1937 Registrar Washington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1937 to Sept. 4, 1937

I last saw h.. alive on Sept. 4, 1937 Death is said to have occurred on the date stated above, at 10 57 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	9-4-37
Other contributory causes of importance: Diabetes mellitus	
arteriosclerosis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Robert F. Rives M. D.

(Address) Union Memorial Hospital

38823 F 38823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓109

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wallace H. Jarvis

(a) Residence: No. 725 W. Franklin St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 22, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William E. Jarvis Jr.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Earnstine Hutchins

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Mrs. Wm. Jarvis Jr. 725 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 9/5 37 19

19. UNDERTAKER [illegible] Wm A. Jackson
(Address) [illegible]

20. FILED [illegible] Washington, D.C.
SEP - 1937

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Sept. 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address) 2757 W. Lan. Ave.

F 38824

38824 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospital St., 11-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Nowlan

(a) Residence: No. Rear 10, Bay 300, Shaw Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wh.	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 23 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Structural Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co.

10. Date deceased last worked at this occupation (month and year) 8/37

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Nowlan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Agnes Foley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Stanley Nowlan
(Address) Sparrows Pt. Md. 8 7877

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date Dec 6 1937

19. UNDERTAKER John J. Dudo
(Address) 2844 Eastern Ave

20. FILED Dec 7 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 6.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Spinal Column	
Shock	

Other contributory causes of importance

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 8-30-1937

Where did injury occur? Bethlehem Steel Co Sparrows Point
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Industry

Manner of injury Crushed - Fell on Car & fell 30 or 40 ft

Nature of injury Crushed 2nd Lumbar Vertebra and Spinal Cord

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. Hayes Carter M. D.
Coroner

(Address) 6615 Dundalk Ave

38825 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 38825

CERTIFICATE OF DEATH X 12-6 V 473

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital - Baltimore, Md. St. ..... Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR None

2. FULL NAME Walter Bolton

(a) Residence: No. 815 S. Front Streat St., ... Ward. Wilmington, N. C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 6, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wilmington
(State or country) N. C.

FATHER

13. NAME Leonard Bolton

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME Mary Hamilton

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Records- U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Washington N. C. Date 9/5/37 19

19. UNDERTAKER Philip Sauers Sons
(Address) 2014 Nelson St

20. FILED Washington N.C.
9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 22, 1937, to September 4, 1937. I last saw him alive on September 4, 1937. Death is said to have occurred on the date stated above, at 12:12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant tumor of lung (Primary bronchogenic Carcinoma apparently)	
Other contributory causes of importance: Exhaustion	

Was an operation performed? Yes Date of Sept. 3, 1937

For what disease or injury? Tumor, malignant, rt. lung.

Name of operation Lung operation.

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) K. K. Bryant M. D.

(Address) U.S. Marine Hospital - Baltimore, Md.

38826

HEALTH DEPARTMENT—CITY OF BALTIMORE

38826

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 N. Dallas St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elias Murray

If U. S. Veteran specify WAR .....

(a) Residence: No. 513 N. Dallas St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Seperated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Priscilla Murray

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Magothy a. a. Co

FATHER

13. NAME Lewis Murray

14. BIRTHPLACE (city or town) (State or country) Magothy a. a. Co

MOTHER

15. MAIDEN NAME Louise Learmwell

16. BIRTHPLACE (city or town) (State or country) Magothy a. a. Co

17. INFORMANT Rebecca Perry.

(Address) 513 N. Dallas St

18. BURIAL, CREMATION, OR REMOVAL

Place Magothy a. a. Co Date Sept 5 1937

19. UNDERTAKER Mrs Ada Bailey

(Address) 1721 Jefferson St

20. FILED Sept 7 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-25, 1937 to 9-2, 1937

I last saw h.IM alive on 9-1, 1937 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Raymer Thoms M. D.

(Address) 1506 E. Madison St

38827 F 38827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 22-V-2107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 Hauser St., 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rebecca Kenner

If U. S. Veteran specify WAR ...

(a) Residence: No. 616 Hauser St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 15 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert Williams

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah —

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Estella Harris

(Address) 650 Hauser

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9/6/37 19

19. UNDERTAKER Isaiah L Brown & Son

(Address) 201 W Monument St

9-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1937 to Sept 2 1937

I last saw h[illegible] alive on Sept 2 1937. Death is said to have occurred on the date stated above, at 1030 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro-Enteritis	

Other contributory causes of importance:

Broncho-Pneumonia

Was an operation performed? — Date of ...

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? Physical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. G. Timpano M.D.

(Address) 501 N Hamburg St

F 38828

38828

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 W. Franklin St., 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Reid

(a) Residence: No. 929 W. Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow.

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Harry Reid

6. DATE OF BIRTH (month, day, year) July 17 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Va

FATHER

13. NAME Mack McCleary

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Scarborough

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Emma Lawyer
(Address) 929 W. Franklin

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 9/5/37

19. UNDERTAKER Daniel L. Quinn & Son
(Address) 2214 W. Montgomery St

20. Filed 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2. 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 16. 1937 to Sept 2. 1937

I last saw her alive on Sept 1. 1937. Death is said to have occurred on the date stated above, at 11. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	A

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Exp Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) W. F. Hewitt M. D.

(Address) 2611 Carroll Ave

B 31735 E 38829

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38829

CERTIFICATE OF DEATH

X ✓ 47-B

1. PLACE OF DEATH Johns Hopkins Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 2? ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Rohrig — If U. S. Veteran specify WAR .....

(a) Residence: No. 1802 Kinship Rd St., ... Ward. Dundalk Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) 4/19/76

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saw filing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Norris

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Oakdawn Cem. Date Sept. 7 1937

19. UNDERTAKER Geo. W. Zirkler

(Address) 1737 E. Eager St.

20. FILED SEP 7 1937 Huntington Millard ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1937, to Sept 4, 1937

I last saw him alive on Sept 4, 1937. Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the Lung	Jan. 1937
Other contributory causes of importance:	

Was an operation performed? Yes Date of August 6, 1937

For what disease or injury? Cancer

Name of operation Total Pneumonectomy - Right

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Paul A. Kimball, M. D.

(Address) The Johns Hopkins Hospital

38830 F 38830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26099 (MB)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 22 Ward)

Registered No. 6-5 V 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Hoffman

(a) Residence: No. 1700 E. Fayette St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 15, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John Hoffman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Jeanette ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Sept. 6 1937

19. UNDERTAKER George W. Finkler
(Address) 1737 E. Eager St.

20. FILED SEP 7 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-3 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-24 1937 to 9-3 1937

I last saw h[illegible] alive on 9-3 1937 Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholangitis + Hepatitis	about 8/24/37
Surgical shock	9/1/37
Other contributory causes of importance: Pulmonary tuberculosis	unknown

Was an operation performed? Yes Date of 9/1/37

For what disease or injury? Cholangitis

Name of operation Exploratory Laparotomy - cholecystectomy

What test confirmed diagnosis? Surgery Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

M. D. B. 1268-9

F 38831

HEALTH DEPARTMENT—CITY OF BALTIMORE

38831

CERTIFICATE OF DEATH

Registered No. 15-3 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1575 N Bentalou St., 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? 76 yrs. mos. ds.

2. FULL NAME Fannie Gold

1a) Residence: No. 1575 N Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Samuel Gold

6. DATE OF BIRTH (month, day, year) 1855

7. AGE: Years 82 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Dr Rappleman

(Address) 1515 N. Bentalou

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 9/5/37, 19

19. UNDERTAKER: Jos. Louis Sons

(Address) 1439 E. Baltimore St.

20. FILED 9-7-1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/3, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 31, 1936 to Sept. 2, 1937

I last saw her alive on Sept. 3, 1937 Death is said to have occurred on the date stated above, at 8 m.

The principal cause of death and related causes of importance were as follows:

Hypertensive degeneration — Date of onset

Other contributory causes of importance:

Old age

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. Rappleman, M. D.

(Address) 1515 N Bentalou

3225-96

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38832

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1 7 Ward)

Registered No. 119

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ~~Dr.~~ Robert E. Lee

If U. S. Veteran specify WAR

(a) Residence: No. 2730 Bernard St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/13/36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Clarence Lee

14. BIRTHPLACE (city or town) (State or country) Ga -

MOTHER

15. MAIDEN NAME Hunting Davis

16. BIRTHPLACE (city or town) (State or country) Miss

17. INFORMANT Records - (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Date Sept. 6 37

19. UNDERTAKER Carrie S. Davis (Address) 3418 Chestnut Ave

20. FILED ..... Registrar.

9 - 1937

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937 to Sept 3, 1937

I last saw him alive on Sept 3, 1937 Death is said to have occurred on the date stated above, at 6 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis - diarrhea -	7-25-37
non-specific.	
Other contributory causes of importance:	
mastoiditis	8-20-37

Was an operation performed? Yes Date of 8.21.37

For what disease or injury? mastoiditis

Name of operation mastoidectomy

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. E. Fiddler Jr., M. D.

(Address) Johns Hopkins Hospital

38833 E 38833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25-323

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2221 Sidney Ave. 25 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lenora T. Shegogue

If U. S. Veteran specify WAR

(a) Residence: No. 2221 Sidney Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed or divorced: HUSBAND of (or) WIFE of Russell L. Shegogue

6. DATE OF BIRTH (month, day, year) July 25 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Frederick Wehrenberg.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Helen L. Lewlisky

16. BIRTHPLACE (city or town) (State or country) Pr. Md. Frostburg

17. INFORMANT Russell L. Shegogue
(Address) 2221 Sidney Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 6 1937

19. UNDERTAKER Mr. Mrs. John W. Teufel Son
(Address) 501 W. Fayette St.

20. FILED ..... Registrar.

9-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 37 to Sept 3 37

I last saw her alive on Sept 2-37 at 12:15 P. M. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan 1- 37
Acute Pul Edema	1 day

Other contributory causes of importance

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Was there an autopsy?

What test confirmed diagnosis? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If ..... (Signed) Fred Rinaca M. D.

(Address) 600 Hamilton Blvd

(Lowe) F 38834

38834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1729 S Charles St., 23-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Arthur Hynes Lowe

If U. S. Veteran specify WAR .....

(a) Residence: No. 1729 S Charles St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 5/16/1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Arthur Lowe.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Mary Joyner

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Mary Lowe.

(Address) 1729 S. Charles

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 9/6/37

19. UNDERTAKER Sisk & Ashley Sons

(Address) 512 S. Eutaw St.

20. FILED 19 ..... [illegible]

5-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1937, to Sept 3, 1937

I last saw h[illegible] alive on Sept 3, 1937. Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	Aug 24
Other contributory causes of importance: Probably ruptured typhoid ulcer	Aug 17

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) 121 Eight St.

F 38835

38835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Sinai Hospital St., 28-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Ronald Terry

(a) Residence: No. 3730 Federal Ave St., ... Ward. 1 Baltimore Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 3 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Keyser W. Va.

FATHER

13. NAME Leidy Terry

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Naomi Keller

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mr Leidy Terry
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Boonsboro Md. Date Sept 7 1937

19. UNDERTAKER Harry A Mumaugh
(Address) 42 E Fayette St

20. [illegible] Huntington Williams, M.D.

9 - 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry) death on the day stated above. 7.30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Polar Pneumonia	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) C. Mann, Coroner M. D.

(Address) 215 W Lanvale

38836 ✓ F 38836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 S Barrington R St.) (15-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Levin

If U.S. Veteran specify WAR .....

(a) Residence: No. 410 S Barrington R St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Getta Levin

6. DATE OF BIRTH (month, day, year) — 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 1025

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Leon Levin

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Sarah Rose

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Getta Levin

(Address): 410 S Barrington

18. BURIAL, CREMATION, OR REMOVAL: Hebrew Washington Rd Date 9/6/1937

19. UNDERTAKER: Sol Levin & Bro

(Address): 1126 Baltimore St

20. FILED 5-1937 Barrington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936 to Sept 4, 1937

I last saw him alive on Sept 4, 1937 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

(a) Terminal Endocarditis

(b) Myocarditis

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? No

What test confirmed diagnosis? Carcinoma Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) David Strauss M. D.

(Address) 1 W Mt Vernon Pl

38837

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38837

CERTIFICATE OF DEATH

9-5-46-E

Registered No. 64

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 E. 22 nd St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Gartner

If U. S. Veteran specify WAR

(a) Residence: No. 819 E. 22 nd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Barbara Gartner

6. DATE OF BIRTH (month, day, year): Feb. 8 1865

7. AGE: Years 72 | Months 6 | Days 25 | If LESS than 1 dny. hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoe repairing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0088

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: John Gartner

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Marie

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs. Maie M. Ricks 819 E. 22 nd St.

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park Date Sept. 6 1937

19. UNDERTAKER (Address): Horace F. Burgee 3631 Falls Road

20. FILED 19 Registrar

5-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 3 1937

22. I HEREBY CERTIFY, That I attended deceased from March-15- 1931, to Sept-3- 1937

I last saw h[illegible] alive on Sept-2- 1937 Death is said to have occurred on the date stated above, at 1.10 A m.

The principal cause of death and related causes of importance were as follows:

I Hepatic Carcinoma — Date of onset Jan-1931

II and Gennal debiletg

Other contributory causes of importance: Gastritis x Nausea

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there any autopsy? —

23. If death was due to external causes (violence) state the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) O. Stanley Gosnell M.D.

(Address) 2900 St Paul St, Baltimore Md

38838 ✓ F 38838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1031 S Conkling St. 26 Ward) 26-9

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Adam W Grebner

If U. S. Veteran specify WAR WORLD

(a) Residence: No. 1031 S. Conkling St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) Oct 16 1893

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
43	10	18 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Grebner

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Anna Hartlove

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Anna Grebner (mother)

(Address) 1031 Conkling St

18. BURIAL, CREMATION, OR REMOVAL

Place US NATIONAL CEMT. Date SEPT. 8 1937

19. UNDERTAKER Little Zeller Inc

(Address) 402 So Wolfe St.

20. FILED ....., 19..... Registrar.

9- 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3 1937. 19

22. I HEREBY CERTIFY, That I attended deceased from 10/15/36, 19..., to 9/3/37, 19...

I last saw h[illegible] alive on 9/3/37, 19... Death is said to have occurred on the date stated above, at 9 50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Other contributory causes of importance:	
Intoxication's	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. E. Small M. D.

(Address) 633-5-Conkling

38839 ✓ F 38839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4213 Seidel Ave. St. 26-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Camille Rita Kohlman

(a) Residence: No. 4213 Seidel Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 19- 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		16 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Walter Kohlman

14. BIRTHPLACE (city or town) New Orleans (State or country)

MOTHER

15. MAIDEN NAME Clara Baynes

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Walter Kohlman (Father)
(Address) 4213 Seidel Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Sept. 6 19 37

19. UNDERTAKER Lilly & Zeiler (N.C.
(Address) 403 S. Wolfe St.

20. FILED 9-1937 Registrar

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1937, to Sept. 4, 1937

I last saw h. alive on Sept 4/ 37, 19..... Death is said to have occurred on the date stated above, at 1/10 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A Congenital Atelectasis	Aug 19/37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Thos J. Fitz M. D.

(Address) 936 E. Monument St

38840 HEALTH DEPARTMENT—CITY OF BALTIMORE 38840

CERTIFICATE OF DEATH

124-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Harrington Apt Charles St. 12-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Beatrice R Reid

(a) Residence: No. 3908 N Charles St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed~~ or ~~divorced~~, ~~HUSBAND of~~ (or) WIFE of Mr Reid

6. DATE OF BIRTH (month, day, year) Dec 14th 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52 53	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Phila Pa

FATHER

13. NAME Big F. Reiley

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Etta Cassler

16. BIRTHPLACE (city or town) (State or country) Phila Pa

17. INFORMANT Mr M Reid
(Address) 3908 N Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place Spring Ridge Date Sept 6 1937

19. UNDERTAKER Henry P Jenkins & Co
(Address) Catonsville Md

20. FILED ..... 19..... Registrar.

P O - 1931 Arlington Delaware, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4th 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1937 to 9-7 1937

I last saw h. alive on 9-7 1937 Death is said to have occurred on the date stated above, at 3 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CIRRHOSIS OF LIVER	1933 ?
	over

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) J L F Dorsey M. D.

(Address) 1129 St. Paul St.

F 38841

F 38841 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hosp. St., 17-2 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred —yrs. —mos. 18 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Robert Mayo Macgill

If U. S. Veteran specify WAR

(a) Residence: No. Baltimore, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8/18/37

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
—	—	18 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Union Mem. Hosp. Baltimore

FATHER

13. NAME Richard Gambrill Macgill

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Charlotte Mayo Johnson

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Hosp Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Johns Cem Date Sept 6, 19 37

19. UNDERTAKER Eastern Shore
(Address) Ellicott City.

20. FILED ... 19 ... Registrar.
Arlington Station, Md.

5-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/5/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1937 19... to Sept. 5, 1937

I last saw him alive on Sept. 5, 1937. Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	birth
Other contributory causes of importance:	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) C. Jules Weber under ... M. D.

(Address) Union Memorial Hospital

38842 F 38842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 22 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Luke McDermott

(a) Residence: No. 805 Belgian Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Margaret McDermott

6. DATE OF BIRTH (month, day, year) Dec 20 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Texas Md

FATHER

13. NAME Edw P McDermott

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Julia Quinn

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Lloyd Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL Ft Jos. Cem. Texas Md Date 9/6/37

19. UNDERTAKER George A Fahey
(Address) Fahey Funeral Home

20. FILED 6-1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 5, 1937 to Sept 3, 1937

I last saw him alive on Sept 3 1937. Death is said to have occurred on the date stated above, at 12:20 Pm.

The principal cause of death and related causes of importance were as follows:

Pulmonary Pleuro cutaneous Actinomycosis — Date of onset .....

Other contributory causes of importance:

Secondary Anemia (Acute) — Date of onset .....

Was an operation performed? Yes Date of .....

For what disease or injury? Thoracotomy for Empyema of left pleural space.

What test confirmed diagnosis? Blood Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ?

If so, specify .....

(Signed) Moses J Nicholson M. D.

(Address) University Hosp

38843 ✓ F 38843

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 Fraser ct St., 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harriett E. Ackwood

(a) Residence: No. 421 Mosher St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	wh	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. R. Ackwood

6. DATE OF BIRTH (month, day, year) Feb. ? 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	— 7	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Somerset Co. Md.

FATHER

13. NAME Williams Miles

14. BIRTHPLACE (city or town) (State or country) Somerset Co. Co

MOTHER

15. MAIDEN NAME Mary Watkins

16. BIRTHPLACE (city or town) (State or country) Somerset Co. Md.

17. INFORMANT Williams R. Ackwood

(Address) 421 Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Sept 6 '37

19. UNDERTAKER Jno. Geo. H. Ahrens

(Address) 623 Reed Ave

20. FILED Sept 7 19 37 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27 1927 to Sept. 4 1937

I last saw h. alive on Sept 4 1937. Death is said to have occurred on the date stated above, at 10 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypo static Pneumonia	
	Acute

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edw. J. Mullikin M. D.

(Address) 1230 Druid Hill Ave

Moroz

38844

HEALTH DEPARTMENT—CITY OF BALTIMORE

38844

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number:)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Albert Moroz

(a) Residence: No. Stemmers Run & Balto Co. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

5a. If married, widowed or divorced HUSBAND of (or WIFE of) Justenia Moroz

6. DATE OF BIRTH (month, day, year) Mar. 30 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME ? Moroz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Daughter

(Address) Stemmers Run

18. BURIAL, CREMATION, OR REMOVAL

Place Christ Lutheran Cem. Date Sept 6, 1937

19. UNDERTAKER H. Sander Sons Inc

(Address) 1710 E. Lee St

20. FILED SEP 6 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-4-1937

22. I HEREBY CERTIFY, That I attended deceased from 9-4-1937 to 9-4-1937

I last saw h alive on 9-4-1937 Death is said to have occurred on the date stated above, at 8:38 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus meningitis and septicemia	8 days
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. M. Wagbelstein M. D.

(Address) Sydenham Hosp

F 38845

F 38845 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 52

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Hospital St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Birkmeyer (Anna Birkmeyer) If U.S. Veteran specify WAR

(a) Residence: No. 3048 Guilford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Birkmeyer

6. DATE OF BIRTH (month, day, year) May 9 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67 67	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore England

MOTHER FATHER

13. NAME John G. Beer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Christina Anna Yeager

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Albert F? Seim (Address) 1014 West Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem Date Sept. 6th 1937

19. UNDERTAKER Joseph Hook (Address) 1003 West Baltimore St.

20. FILED 6-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1937 to September 2, 1937

I last saw her alive on September 2, 1937 Death is said to have occurred on the date stated above, at 6.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Carcinoma of right breast	
b Chronic Intestinal Nephritis	

Other contributory causes of importance:

Was an operation performed? Yes Date of July 8 1937

For what disease or injury? a Carcinoma breast

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton Lenn M. D.

(Address) 1 W. Mt. Pl

38846 F 38846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94 B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 N. Glover St. 7-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? 37 yrs. mos. ds.

2. FULL NAME Joseph F. Pokorny

If U. S. Veteran specify WAR

(a) Residence: No. 811 N. Glover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Antonie Pokorny

6. DATE OF BIRTH (month, day, year) Oct 8, 879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Joseph Pokorny

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Mary Heil

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Antonie Pokorny

(Address) 811 N Glover St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept 7, 1937

19. UNDERTAKER Frank Grach & Son

(Address) 906 Eutaw Pl

Frank Grach Jr

20. FILED SEP 7 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1937 to Sept 4, 1937

I last saw him alive on Sept 4, 1937. Death is said to have occurred on the date stated above, at 10.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	July 1937
Other contributory causes of importance:	
Coronary Embolism	9/4/37

Was an operation performed? no Date of

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ✓, 19

Where did injury occur? ✓

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify ✓

(Signed) Joseph Pokorny M. D.

(Address) 2200 E Madison St

SEP - 1937

38847 HEALTH DEPARTMENT—CITY OF BALTIMORE 38847

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 20-8 Ward)

Length of residence In city or town where death occurred Lifetime yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Eliza Ward

(a) Residence: No. 22 Augusta Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James A. Ward

6. DATE OF BIRTH (month, day, year) June 12-1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Richard J. Driscoll

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Almira Young

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Leo J. Ward

(Address) 22 S. Augusta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date Sept 7-37

19. UNDERTAKER Chas. F. Kane & Son

(Address) 1818 Druid Hill Ave

20. FILED SEP 6 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-1- 1937 to 9-3 1937

I last saw her alive on 9-3 1937 Death is said to have occurred on the date stated above, at 9:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Hypertensive Cardiovascular Renal Disease	?
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Lawrence J. Shimanek M. D.

(Address) St Agnes Hospital

38848 ✓ F 38848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 236 S. Washington St. 7-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eva Louis Bargas

If U.S Veteran specify WAR .....

(a) Residence: No. 236 S. Washington St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Wh	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/4/37

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or 15 min.
	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Bernard Bargas

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emma K. Gregory

16. BIRTHPLACE (city or town) (State or country) Del

17. INFORMANT Bernard Bargas

(Address) 236 S. Washington

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date 9/6, 1937

19. UNDERTAKER Wm. D. Fiaccomosky

(Address) 2007 Eastern Ave

20. FILED 19 ... Registrar.

9-1937 Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1937, to Sept. 4, 1937

I last saw h[illegible] alive on Sept. 4, 1937. Death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (7 mos.)	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Joseph H. Navas, M. D.

(Address) 209 E. Chase St

38849 E 38849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 236 S. Washington St. 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander Barczak

U.S. Veteran specify WAR

(a) Residence: No. 236 S. Washington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Wh	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	—	15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER · FATHER

13. NAME Bernard Barczak

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Elinore K. Gregorek

16. BIRTHPLACE (city or town) (State or country) Del

17. INFORMANT Bernard Barczak

(Address) 236 S. Washington

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date 9/6 1937

19. UNDERTAKER J. Fitzgerald

(Address) 2002 Eastern Ave

Huntington Maryland

20. FILED Registrar.

SEP 6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1937, to Sept. 4, 1937

I last saw him alive on Sept 4, 1937. Death is said to have occurred on the date stated above, at 2:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (7 mos)	

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Jacob F. Ugenga, M. D.

(Address) 209 S. Eutaw St.

38850

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38850
#26165
SF

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17-2 Ward)
Lire

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lula Mae Smith

(a) Residence: No. 534 Oxford St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/3/1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
10 mo.	0	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Clarence Jackson

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Juanita Smith

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Sept 6 1937

19. UNDERTAKER Wells & Springer
(Address) 1214 Pennsylvania Ave

20. FILED Huntington Williams, M.D.

9-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-27-37, 19.., to 9-3, 1937

I last saw h.. alive on Sept 3, 1937. Death is said to have occurred on the date stated above, 9:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paratyphoid fever	
Other contributory causes of importance:	

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Widal Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) E. Rogerson M.D.

(Address) Balto. City Hospitals

38851 V F 38851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

Registered No. ....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Marylan General Hospital Ward) 4-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kathryn Elizabeth Dumsha

If U. S. Veteran specify WAR ....

(a) Residence: No. 209 W. Franklin St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anthony W. Dumsha

6. DATE OF BIRTH (month, day, year) Feb. 5, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: H.W.

10. Date deceased last worked at this occupation (month and year): ....

11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Williamsport Pa.

FATHER

13. NAME: George Haviland

14. BIRTHPLACE (city or town) (State or country): Pa.

MOTHER

15. MAIDEN NAME: Mary Ella Martin

16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMANT: Geo. Haviland

(Address): Williamsport Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Sunbury Pa. Date 9-6 . 1937

19. UNDERTAKER Wm Rork

(Address) 217 Light St

20. FILED ... 19 ... Registrar

9-6-1937 S. E. Wilson, M.D.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3, 1937 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, bet... and from the evidence obtained by Autopsy & Inquest (Inquest, Autopsy or Inquiry) that said deceased came Autopsy & Inquest (Inquest, Autopsy or Inquiry) Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound of Head	
Other contributory causes of importance:	

Was an operation performed? ... Date of ....

For what disease or injury? ....

Name of operation .... Date of ....

What test confirmed diagnosis Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide, or Homicide? Homicide Date of injury Sept 3, 1937

Where did injury occur? 209 W. Franklin St (Home)
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Shot With Pistol

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) G. H. Creelman, M. D.
Coroner

(Address) 2757 E. Lan...

F 38852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 38852

X 12-2 51-C

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. 6 ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Robert Montrose Johnston

If U. S. Veteran specify WAR World

(a) Residence: No. Rock Spring Rd. Belair, Md. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Flora Johnston

6. DATE OF BIRTH (month, day, year) June 11, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
73	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farms Lot.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Johnston

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Mongehy

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Arlington Natl Date Sept. 8 1937

19. UNDERTAKER Fry Toring & Sons

(Address) Aberdeen, Md.

20. FILED 9-8-1937 Registrar.

VS 5

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1937 to Sept 5, 1937

I last saw him alive on Sept 5, 1937 Death is said to have occurred on the date stated above, at 8¼ P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Douglas H. Stone, M. D.

(Address) Union Memorial Hosp.

M. D. F. 38853

F 38853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2002 E. Eager St. St., 7-4 Ward)

Length of residence in city or town where death occurred 1/ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pete Bonanno

(a) Residence: No. 2002 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Withe	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 28 1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	11	7 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Antonio Bonanno

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Matilde Bianco

16. BIRTHPLACE (city or town) (State or country) New York N.Y.

17. INFORMANT Matilde Bianco (Mother)
(Address) 2002 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Sept. 7 1937

19. UNDERTAKER Fineralt Keller Noel
(Address) 52 N. Monte St.

20. FILED 9-7-1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-4-1937

22. I HEREBY CERTIFY, That I attended deceased from 9-2-1937 to 9-4 1937

I last saw h. in live on 9-4 1937 Death is said to have occurred on the date stated above, at 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T. B.	1931
Laryngeal T. B.	?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. D. Ennese M. D.

(Address) Medical Arts Bldg.

38854 F 38854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1877

1. PLACE OF DEATH Baltimore Harbor

CITY OF BALTIMORE: (No. Lazaretto Light House St., 76-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Waymond G. Ford

(a) Residence: No. 405 Reisterstown Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Thelma T. E. Brooks Ford

6. DATE OF BIRTH (month, day, year) June 3 - 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.S. Violet

10. Date deceased last worked at this occupation (month and year) Sept 19 1927

11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (city or town) (State or country) Fairmount Maryland

FATHER

13. NAME Robert Ford

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Edith Hartman not known

16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMANT Mrs. Waymond G. Ford

(Address) 405 Reisterstown Rd. Pikesville

18. BURIAL, CREMATION, OR REMOVAL Lloyd Ridge Cemetery Sept 8" 1927

Date

19. UNDERTAKER Joseph F. Coale

(Address) 1002 N. Charles St.

20. FILED 19 Registrar

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1927

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

... his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned, had fall, struck head of step and fell in water	Sept 4 1927

Other contributory causes of importance: Result of fall while at work

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 4 19 27

Where did injury occur? Lazaretto Point

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Struck head on step and fell in water

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Due to his work

(Signed) Chas. W. Wood Coroner M. D.

(Address) 1712 N. Broadway

F 38855

38855 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

193-C

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1817 N. Broadway St., 8-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Jane Brown
If U. S. Veteran specify WAR ...

(a) Residence: No. 1817 N. Broadway St., ... Ward.
(Usual place of abode) 52 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed or divorced HUSBAND of (or) WIFE of: George A. Brown
6. DATE OF BIRTH (month, day, year): Oct 29-1863
7. AGE: Years 73 | Months 10 | Days 6 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Littlestown Pa

FATHER
13. NAME: Philip Shemley
14. BIRTHPLACE (city or town) (State or country): New Oxford Pa

MOTHER
15. MAIDEN NAME: Catherine Eltz
16. BIRTHPLACE (city or town) (State or country): Hagerstown Md

17. INFORMANT (Address): Lorraine Brown 1817 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place: Stone Chapel Date: 9/9/37

19. UNDERTAKER: William Cook
(Address) 1217 St Paul Street

20. FILED: 9-7-1937 Huntington Williams Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 4-, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1937 to Sept 4, 1937
I last saw her alive on Sept 4, 1937 Death is said to have occurred on the date stated above, at 7.35 P m.

The principal cause of death and related causes of importance were as follows:
Enterocolitis — Duration 2 days
Myocarditis

Other contributory causes of importance: Acute Myocardial Failure — 4 days

Was an operation performed? Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James J. Kavanaugh M. D.
(Address) 3328 Mt Cleary St

38856 F 38856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 N. Linwood Ave. St., 6-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Edward Wilkinson

If U.S Veteran specify WAR

(a) Residence: No. 8 N. Linwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Wilkinson

6. DATE OF BIRTH (month, day, year) Dec. 27, 1891.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45 46	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co., Md.

FATHER

13. NAME Wm. S. Wilkinson

14. BIRTHPLACE (city or town) (State or country) Baltimore Co., Md.

MOTHER

15. MAIDEN NAME Mary E. Biddison.

16. BIRTHPLACE (city or town) (State or country) Baltimore Co., Md.

17. INFORMANT Henry Feldman

(Address) 8 N. Linwood ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Orems cem. Date Sept 8 1937

19. UNDERTAKER George W. Zipkin

(Address) 1737 E. Eager St.

20. FILED Huntington Williams, M.D. Registrar.

I - 1331

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1937, to September 6, 1937

I last saw h.. alive on Sept. 5, 1937. Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Heart Failure	6 mos
Probably Arteriosclerotic Coronary Disease	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hans Zinsser, M. D.

(Address) 21 W. 103rd St

38857 E 38857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Marion Harper

(a) Residence: No. 103 W Bond St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N C

FATHER

13. NAME John Harper

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Louisa Harper

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT John H Quinn

(Address) 103 N Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Sept 7 1937

19. UNDERTAKER Elroy D Wilson

(Address) 1508 Brantly ave.

20. FILED Sept 7 1937 Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described herein and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Sept
	3
	Hr
	39

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.
Coroner

(Address)

F 38858

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38858

CERTIFICATE OF DEATH

25667 VEF

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mattie Dennis

(a) Residence: No. 1606 Gilmore St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jackson Dennis

6. DATE OF BIRTH (month, day, year) 7-15-1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co., Md.

FATHER

13. NAME Klisha King

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Swan

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Cem. Date Sept. 9, 1937

19. UNDERTAKER Robbins & Halsted

(Address) 8 & 8 Bond Street, Baltimore, Md.

20. FILED Sept 7 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-7, 1937 to 9-5, 1937

I last saw h[illegible] alive on 9-4, 1937. Death is said to have occurred on the date stated above, at 4A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiac disease	Unknown
Congestive heart failure	few days
Other contributory causes of importance:	
ulcers of legs	four months

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Kit. Woodward Jr. M. D.

(Address) Balto. City Hosps.

E 38859

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38859

CERTIFICATE OF DEATH

161-W

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md Gen Hosp St. 16-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Hatton

(a) Residence: No. 1016 Rondale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 4 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Algie Herbert Hatton

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Dorothy Link

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mother - Mrs Dorothy Hatton
(Address) 1016 Rondale

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept 7 1937

19. UNDERTAKER Harry Hudicke
(Address) 4101 Edmondson ave.

20. FILED ... 19...

7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 1937 to Sept 4 1937

I last saw him alive on Sept 4 1937 Death is said to have occurred on the date stated above, at 11 0 m.

The principal cause of death and related causes of importance were as follows:

Congenital atelectasis. — Date of onset 9-4-37

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. Mansfield M. D.
(Address) Md Gen. Hosp.

38860 F 38860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 179

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital 24-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Ethel U. Gunther.

(a) Residence: No. Marley A. A. Co. Md. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, yr.) February 26, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marley, Md.

FATHER

13. NAME William Gunther.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Dorothy R. Lamb.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Dorothy R. Gunther. (mother)
(Address) Marley, Md.

18. BURIAL, CREMATION, OR REMOVAL
Pl. Meadow ridge mem. Date Sept 7 1937

19. UNDERTAKER John F Denny
(Address) 711 Light St

20. FILED ... 19 ... Registrar

Sept 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Kerosene poisoning.	1
Bilateral pneumonia.	1
	1

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 9/3/37 19...

Where did injury occur? Marley, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Drank kerosene

Nature of injury Kerosene poisoning. Found bottle on floor

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

9/6/37 (Address) 1017 S. Charles St.

F 38861

38861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH Sinai Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [illegible] St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Jane Elmos If U. S. Veteran specify WAR .....

(a) Residence: No. 806 E. St. Harrows Pt. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Thomas A Elmos

6. DATE OF BIRTH (month, day, year) Dec 23 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Elmos

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Jane Monroe

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Daughter-in-law Mrs Elmos (Address) New Jersey

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date Sept 8 1937

19. UNDERTAKER John F Denny (Address) 710 Light St

FILED Sept 7 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 30, 1937, to Sept. 5, 1937. I last saw her alive on Sept. 5, 1937. Death is said to have occurred on the date stated above, at 3:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Diabetic Gangrene, Rt. Leg	June 1937
2. Amputation of Rt. Leg.	

Other contributory causes of importance:
1. Senility 2. arteriosclerosis
3. Diabetes Mellitus

Was an operation performed? Yes Date of Sept. 3, 1937

For what disease or injury? Diabetic Gangrene, Rt. Leg

Name of operation Amputation Rt. Leg, mid-thigh

What test confirmed diagnosis? Blood Sugar Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Joshua Seidel, M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38862

CERTIFICATE OF DEATH

+ V23 F 38862

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home and Infirmary 6-S (St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Ray F Fitzell

(a) Residence: No. 1116 Paul Road, Spanish Point, Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary Fitzell

6. DATE OF BIRTH (month, day, year) Aug 14 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	—	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dairy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Md.

FATHER

13. NAME Thomas R. Fitzell

14. BIRTHPLACE (city or town) (State or country) Jersey City N J

MOTHER

15. MAIDEN NAME Rebecca R. Schmidt

16. BIRTHPLACE (city or town) (State or country) Balto. City Md.

17. INFORMANT Richard Fitzell

(Address) Catonsville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Ridge Cemetery Date Sept 6 1937

19. UNDERTAKER Myers & Son Inc

(Address) 1911 Broadway

Sept 7 - 1937 Registrar Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1937, to Sept. 5, 1937

I last saw h im alive on Sept. 5, 1937 Death is said to have occurred on the date stated above, at 10:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess, possibly tuberculous.	1 yr.
Other contributory causes of importance: Cholecystotomy for chronic cholecystitis	

Name of operation Cholecystotomy Date of Aug 14/1937.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh C. Hagerty M. D.

(Address) Church Home + Infirmary

38863 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 38863

CERTIFICATE OF DEATH

✓ 46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1048-N. Central St., 10-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S. If of foreign birth? 48 yrs. 0 mos. 0 ds.

2. FULL NAME Wong Ming Guey

If U. S. Veteran specify WAR NONE

(a) Residence: No. 1048 Central Av St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Yellow	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lee-She-Wong

6. DATE OF BIRTH (month, day, year) About-1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About-48	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) San Francisco California

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) China

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) China

17. INFORMANT (Address) Chin-Quong-(friend) 310 Park Ave

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem. Date Sept-8-37

19. UNDERTAKER (Address) Stewart & Green Co. 108 W. Mt. Royal Ave.

20. FILED 9-7-1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/5 — 1937.

22. I HEREBY CERTIFY, That I attended deceased from May 2 — 36 to 9/5 — 1937.

I last saw him alive on 9/5 — 1937. Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of small Intestine & metastases to Liver	
Other contributory causes of importance: acute Cardiac Dilatation	

Was an operation performed? no. Date of

For what disease or injury?

Name of operation no.

What test confirmed diagnosis? Clinical X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Fittmon M. D.

(Address) 1042 E. Clone

38864

HEALTH DEPARTMENT—CITY OF BALTIMORE

38864

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 4504 Keswick Rd St., 27-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 70 yrs. 0 mos. 0 ds.

2. FULL NAME James Williams Bruton

If U. S. Veteran specify WAR NONE

(a) Residence of No. 4504 Keswick Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Josephine C. Bruton

6. DATE OF BIRTH (month, day, year): May 5 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Wales

FATHER

13. NAME: William Bruton

14. BIRTHPLACE (city or town) (State or country): Probably England

MOTHER

15. MAIDEN NAME: Elizabeth Williams

16. BIRTHPLACE (city or town) (State or country): Probably England

17. INFORMANT: Mrs. Smith (friend)
(Address) 4504 Keswick Rd

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: Sept 8 1937

19. UNDERTAKER: Stewart Motor Co.
(Address) 108 W North ave.

20. FILED 19 Registrar.

Sep 7 - 1937 Huntington Withdrawn

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9 5 1937

23. I HEREBY CERTIFY, That I attended deceased from May 24 1937 to 9/5/37 19

I last saw him alive on 9/5/37 19 Death is said to have occurred on the date stated above, at 10.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Psychosis Cerebral Arterio Sclerosis	9/4/37
Pyocongestion & Cystitis (Suggestive of Malignancy)	9/4/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry F. Cassidy M. D.

(Address) Upland Road

F 38865

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38865

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3008 Royston Ave. 27-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 66 yrs. 2 mos. 15 ds.

2. FULL NAME Rev. George Manlove Clayton

If U. S. Veteran specify WAR NONE

(a) Residence: No. 3008 Royston Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Minnie Weaver Clayton

6. DATE OF BIRTH (month, day, year) June-21-1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Religious Org.

10. Date deceased last worked at this occupation (month and year) 6 months

11. Total time (years) spent in this occupation 44 yrs.

12. BIRTHPLACE (city or town) (State or country) Near Clayton Delaware

FATHER

13. NAME Isaac Clayton

14. BIRTHPLACE (city or town) (State or country) Near Clayton Delaware

MOTHER

15. MAIDEN NAME Sarah Butler

16. BIRTHPLACE (city or town) (State or country) Near Clayton Delaware

17. INFORMANT Mr Weaver T. Clayton (Son)

(Address) 351-W-57-St Northeast City

18. BURIAL, CREMATION, OR REMOVAL. Place Westminster Md Date Sept- 37

19. UNDERTAKER Stewart Memorial Company

(Address) 1084 Park Ave.

20. FILED ..... 19.....

SEP 7 - 1937 Registrar. Lexington (Millard, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5 . 1937

22. I HEREBY CERTIFY, That I attended deceased from July 7 1937 to Sept 5 1937

I last saw him alive on Sept 5 1937 Death is said to have occurred on the date stated above, at 6 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, Sigmoid Colon	about Aug 31 1936
Other contributory causes of importance: Carcinoma Sigmoid Colon	same

Was an operation performed? Yes Date of Apr 19-1937

For what disease or injury? Carcinoma of Sigmoid Colon

Name of operation Colostomy

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Morris B. Green M. D.

(Address) 5543 Harford Rd Baltimore Md.

38866 E 38866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38866 Union Memorial Hosp X ✓ 117-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 33rd & Calvert St. 17-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mr. Hugh Boyd CALVERT

(a) Residence: No. Box 97, Perryville Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence J. Calvert

6. DATE OF BIRTH (month, day, year) Sept 21, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Perryville Md.

FATHER

13. NAME William Calvert Md.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Miss Sara Boyd

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records (Address) Union Memorial

18. BURIAL, CREMATION, OR REMOVAL Oakley Cem. Sept 7 1937

19. UNDERTAKER Lewis Patterson (Address) Perryville, Md.

20. FILED Huntington Williams, M.D. Sept 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/7 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/29 1937 to 9/6 1937

I last saw him alive on 9/6 1937 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric ulcer	1917

Other contributory causes of importance:

Was an operation performed? yes Date of 9/4/37

For what disease or injury? Gastric ulcer

Name of operation Resection of ulcer

What test confirmed diagnosis? X ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Douglas H. Stone M. D.

(Address) Union Memorial Hospital

F 38867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 121 F 38867

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balt. Gen Hosp St. 13-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs 7 mos 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR

2. FULL NAME Lois E. Little

(a) Residence: No. 4158 Falls Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 3, 1921

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Arthur L. Little

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Cora A. Mathews

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Arthur L. Little
(Address) 4158 Falls Road

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Sept. 8. 1937

19. UNDERTAKER Horace F. Burger
(Address) 3631 Falls Road

Filed 7-1937 Huntington Williamsport, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5 1937 to Sept. 5 1937.

I last saw h e alive on Sept 5 1937 Death is said to have occurred on the date stated above, at 7:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	
Peritonitis	
Multiple abscess	
Ch. Appendicitis	

Other contributory causes of importance:

Was an operation performed? yes Date of Aug 5, 1937 Sept 3rd 1937

For what disease or injury? Ch. appendicitis + Sub-diaphragmatic abscess

What test confirmed diagnosis Bl. Culture Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton Lamb M. D.

(Address) W & 7th

F 38868

F 38868 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 1872

1. PLACE OF DEATH Baltimore City Hospitals, 46-D
CITY OF BALTIMORE: (No.) Bay View St., (Ward) 14th
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME William Brady
(a) Residence: No. 335 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) Alice Brady

6. DATE OF BIRTH (month, day, year) Sept 8-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME Thomas Brady
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Emily Roddy
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT William Brady Jr
(Address) 335 Dolphin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Cem. Date 9-9 1937

19. UNDERTAKER George P. G. Gibson
(Address) 1735 Druid Hill Ave

20. FILED 9-9 1937 Eugene Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Rectum	6 Months
Other contributory causes of importance: Secondary Anemia	2 Months

Was an operation performed? No Date of
For what disease or injury?
Name of operation Clinic Date of
What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood Coroner, M. D.
(Address) 1712 N. Broadway

V S 6

F 38869

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38869

CERTIFICATE OF DEATH

1130

Registered No. CGK-126214

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherine Czyzewska

(a) Residence: No. 2130 Cambridge St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 22, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Frank

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Adams

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date Sept. 9. 1937

19. UNDERTAKER Fred W. Ozdzelowski
(Address) 1930 Eastern Ave

20. FILED Sept 7 1937 Witness [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 4. 1937

22. I HEREBY CERTIFY, That I attended deceased from August 30, 1937. to September 4, 1937.

I last saw her alive on September 4, 1937. Death is said to have occurred on the date stated above, at 8 50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute glomerulonephritis	Aug. 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. L. De Saubbe M. D.

(Address) Baltimore City Hospitals

F 38870

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38870

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St.) 8-1 ✓ (Ward) 15 4

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME BABY GIRL STONE

If U. S. Veteran specify WAR .....

(a) Residence: No. 2202 Lake Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	W	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 6, 1937

7. AGE Years	Months	Days	If LESS than 1 day... hrs. or ... min.
0	0	1 HR	1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MARYLAND

FATHER

13. NAME GORDON MASON STONE

14. BIRTHPLACE (city or town) (State or country) BALTIMORE MARYLAND

MOTHER

15. MAIDEN NAME IDA ALVERIA WALTER

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MARYLAND

17. INFORMANT IDA ALVERIA WALTER
(Address) BALTIMORE MARYLAND

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date Sept 9th 1937

19. UNDERTAKER Leo G. Cook
(Address) 1703 N Patterson Park Ave

20. FILED SEP 7 - 1937 Registrar, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEPT. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 7:10 PM, 1937, to Sept 6, 8 of PM, 1937

I last saw h.e.r. alive on Sept 6, 1937. Death is said to have occurred on the date stated above, at 8.08 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	9/6/37
Other contributory causes of importance: Asphyxia Neonatorum	

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Franklin McCauley, M. D.

(Address) Union Memorial Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38871 CERTIFICATE OF DEATH 122-aF 38871

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 6-1 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alice Bond Whitten

(a) Residence: No. 126 N. East Avenue St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 2nd husband: Robert Whitten

6. DATE OF BIRTH (month, day, year) 6-19-1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Edward Egan

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Ellen Lyons

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Holy Cross - Sept 8-37

19. UNDERTAKER Jos. J. Dillon & Son

(Address) 1156 Fayerweather

20. FILED 7-1937 Registrar. Eugene Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1937 to September 4, 1937.

I last saw her alive on September 4, 1937. Death is said to have occurred on the date stated above, at 11:50 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 9-1-37

Other contributory causes of importance:

Diaphragmatic hernia — Date of onset 1922

Osteosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. de Lauretis M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38872

CERTIFICATE OF DEATH

131 F 38872

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1336 E Fort ave St. 24-1 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah J. Lent

If U. S. Veteran specify WAR

(a) Residence: No. 1336 E Fort ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George E Lent

6. DATE OF BIRTH (month, day, year) Aug 22, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

FATHER

13. NAME Evans

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary E Parrow

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ruth Martell

(Address) 1336 E. Fort ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem Date Sept 8, 1937

19. UNDERTAKER A. Bouyand Evans

(Address) 1400 N Charles St

20. [illegible] 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1932 to Sept 5 1937

I last saw her alive on Sept 5 1937. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension [illegible]	
	Nov

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

[illegible]

VS 3

SEP 7 - 1937

F 38873

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38873

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. Bon Secours Hospital 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Hackman

If U. S. Veteran specify WAR .....

(a) Residence: No. 119 Porter St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married?

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Elizabeth Hackman

6. DATE OF BIRTH (month, day, year) 8/18/54

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blacksmith

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. J. Pauling

(Address) 119 Porter St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 8/8/ 1937

19. UNDERTAKER John J. Bowles & Son

(Address) 921 W. Baltimore St.

20. FILED ..... 19..... Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/5/ 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/24/37, 19..., to 9/5/, 1937

I last saw h.. alive on 9/5, 19 37 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Arteriosclerotic C.V. disease with chronic myocarditis and pulmonary edema	
2) Hypostatic pneumonia	
Other contributory causes of importance: Carcinoma of prostate. Chronic Glomerulo Nephritis	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Chas B Marsh M. D.

(Address) Bon Secours Hosp

OCCUPATION is very important. See instructions on back of certificate.

Hylant B. Meekins

E 38874

38874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital St. 27-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Rev. Hylant B Meekins

(a) Residence: No. 6305 Brook Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Annie E Meekins

6. DATE OF BIRTH (month, day, year) Aug 15, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. E.

10. Date deceased last worked at this occupation (month and year) 1937 Aug

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Kent County Maryland

FATHER

13. NAME James Hylant Meekins

14. BIRTHPLACE (city or town) (State or country) Kent County Maryland

MOTHER

15. MAIDEN NAME Martha J. Reed

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Lawrence Meekins
(Address) 6305 Brook Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date Sept 8 1937

19. UNDERTAKER Roth & & B. M. Walters
(Address) Frank Stricker Sts

20. FILED SEP 7 1937 Huntington T. Hilbert, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 1937, to Sept 5 1937

I last saw him alive on Sept 5 1937. Death is said to have occurred on the date stated above, at 8:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular disease	?
& hypertension	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury. 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) G. H. Stevens M. D.

(Address) Md General Hospital

F 38875

B 33235 38875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 72-W

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 7-S Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Andrew Schaub

If U. S. Veteran specify WAR. .....

(a) Residence: No. 6747 Holabird St., Case Ward. Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) 10/23/97

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe-Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Jacob Schaub

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Barbara .....

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Rounds

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Lake Lawn Date 9/8 1937

19. UNDERTAKER John J. Connelly

(Address) Essex Md.

20. FILED ..... 19..... Registrar.

Huntington Wolfe, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 16 1937 to Sept 5 1937

I last saw him alive on Sept 5 1937. Death is said to have occurred on the date stated above, at 8:35-a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myeloid leukemia	Mar 1936
with infiltration of brain	
causing left hemiplegia	

Other contributory causes of importance:

Was an operation performed? Yes Date of March 7, 1936

For what disease or injury? Left subdural hematoma

Name of operation Right temporal decompression

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. F. Jonas M. D.

(Address) The Johns Hopkins Hospital

38876

HEALTH DEPARTMENT—CITY OF BALTIMORE

38876

CERTIFICATE OF DEATH

25218 JS

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. City Hospt. St. 21-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Gertrude Burns

(a) Residence: No. 918 Ryan St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter

6. DATE OF BIRTH (month, day, year) 12-15-1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NO

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Croghan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Byrne

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 9/8/37 19

19. UNDERTAKER John F. Foley Sons
(Address) 1318 Druid Hill Ave.

20. FILED SEP 8 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-4 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-22, 1937 to 9-4, 1937

I last saw her alive on 9-3, 1937. Death is said to have occurred on the date stated above, at 9:40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix	Unknown
Hemorrhage from Cervix	one week

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Lt. Woodward Jr. , M. D.

(Address) Balto. City Hosp.

38877

HEALTH DEPARTMENT—CITY OF BALTIMORE

38877

CERTIFICATE OF DEATH 26023--F5-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 14 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Ford If U. S. Veteran specify WAR

(a) Residence: No. 1622 McCulloh St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-14-1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Alfred Ford

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL SEP 6 - 1937 19
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED Registrar.
1937

3473

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 21st, 1937. to September 1, 1937.
I last saw him alive on September 1, 1937. Death is said to have occurred on the date stated above, at 1 & 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	8-24-37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. de Lantelle M. D.

(Address) Baltimore City Hospitals

✓ F 38878

38878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 E Randall St. 24-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Helen F. Dunlevy

(a) Residence: No. 422 E Randall St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick J. Dunlevy

6. DATE OF BIRTH (month, day, year) March 11 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Richard M. Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary A. Mill

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Patrick J. Dunlevy

(Address) 422 E. Randall St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 9/5/37, 19

19. UNDERTAKER Thos. F. Kelly & Co

(Address) 1600 Aliceanna St

FILED 9-7-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1937, to Sept 4, 1937

I last saw h[illegible] alive on Sept 4, 1937 Death is said to have occurred on the date stated above, at 12.15 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Aug 30 1937
Other contributory causes of importance: Acute Cardiac Dilatation	1 day

Was an operation performed? no Date of .....

For what disease or injury? .....

Nature of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Edward Norris, M. D.

(Address) 107 East West St

38879

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38879

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 916 E. North Ave (Ward) 8

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles J. Gross.

If U. S. Veteran specify WAR .....

(a) Residence: No. 916 E. North Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Mae Gross.

6. DATE OF BIRTH (month, day, year) Sept. 24, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Supt. Stiefel Laundry Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jacob Gross

14. BIRTHPLACE (city or town) (State or country) Wurtemburg Germany

MOTHER

15. MAIDEN NAME Catherine Stiefel

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. Geo. J. Gross. (Address) 4317 Walther Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem. Date Sept. 8 '37

19. UNDERTAKER Wm. J. Wakefield Sons. (Address) North & Pennsylvania Ave.

20. FILED ..... 19..... Registrar.

Huntington Nebraska, R.D.

7-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1937 to Sept 5 1937

I last saw him alive on Sept 5 1937 Death is said to have occurred on the date stated above, at 11:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1925
Cardiac failure	1935
Other contributory causes of importance: Broncho-pneumonia	Sept. 1 1937

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) I. Ridgeway Trimble M. D.

(Address) 8 W. Madison St

38880 V E 38880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (Union Memorial Hosp. St., 15-6 Ward)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Harry Campbell Grove (Mamie F.)

(a) Residence: No. 1901 Edgewood St, Balto, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Harry Campbell Grove

6. DATE OF BIRTH (month, day, year) June 6, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto (State or country) Maryland

FATHER

13. NAME Wm. Francis

14. BIRTHPLACE (city or town) Balto (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Lorman

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Grace C. Grove

(Address) 2212 Clinton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Fairmount Date Sept 8. 1937

19. UNDERTAKER (Mrs) Jackie Adams

(Address) Martin Place

20. FILED Huntington Williams, Registrar

9-7-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1937, to Sept 6, 1937

I last saw her alive on Sept. 5, 1937. Death is said to have occurred on the date stated above, at 3:57 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	11-3-1934
Angina	
Chronic Nephritis.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No ..... If so, specify .....

(Signed) S. D. Sunday, M. D.

(Address) Union Memorial Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38881

38881

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3432 Piedmont Ave 15-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eleanor Robinson Byers

If U. S. Veteran specify WAR

(a) Residence: No. 3432 Piedmont Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Oct 14 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thos Wingfield Byers

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Fanny Bodien

16. BIRTHPLACE (city or town) (State or country) Washington DC

17. INFORMANT Mrs Fannie Byers

(Address) 3432 Piedmont Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Sept 8 1937

19. UNDERTAKER H. Winebrenner & Sons

(Address) North Avenue

20. FILED Sept 7 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 6 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 11 - 1930 to Sept. 6 - 1937

I last saw h[illegible] alive on Sept. 6 - 1937. Death is said to have occurred on the date stated above, at 1:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Mitral Insufficiency (Followed Influen. Rheumatism)	1917
Endocarditis, History	
Acute Cardiac Dilatation Terminal	1 day

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Bond Disney M. D.

(Address) 2125 Maryland Ave

VS 3 9-1-1937

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38882

F 38882

CERTIFICATE OF DEATH

REGISTERED NO. 137

1—PLACE OF DEATH Franklin Sq. Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 19-3 ST. WARD)

2—FULL NAME Mr Wm. Richard Brown

(a) RESIDENCE NO. Reisterstown, Md ST., WARD (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 2 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Brown

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Samuel M. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Turnbaugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant George Brown

(Address) Reisterstown Md.

15 Filed Sept 7 1937 Witness

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7, 1937.

17 I HEREBY CERTIFY, That I attended deceased from Aug 27 1937, to Sept 7 1937,

that I last saw him alive on Sept 7 - 12.15 M 1937,

and that death occurred, on the date stated above, at 12.25 A.m.

The CAUSE OF DEATH* was as follows:

Hypertrophied prostate with urinary retention

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic pneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) M. Solaro M. D.

, 19 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury M. E. Cem.

DATE OF BURIAL Sept 9, 1937

20 UNDERTAKER Wm. Berryman & Sons

ADDRESS Reisterstown Md

38883 E-38883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-3

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME JOHN EDWARD ANDERSON

If U. S. Veteran specify WAR

(a) Residence: No. Lutherville, Md. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married, separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) April 15, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Jerome Anderson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Fannie Bopst

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr Ernest Moberly

(Address) 1643 Clifton Ave City

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date SEP 7 - 1937 19

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED ... 19 ... Registrar.

Commissioner of Health

3477 1-7

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1937 to Sept 5, 1937

I last saw him alive on Sept 5, 1937. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	April 37
Other contributory causes of importance:	

Was an operation performed? yes Date of Sept 1, 1937

For what disease or injury? Carcinoma of stomach

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank M. Weaver, M. D.

(Address) Union Memorial Hospital

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

F.

✓ F 38881

HEALTH DEPARTMENT—CITY OF BALTIMORE

381

160-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 19-1 Ward)

(If not in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth?....yrs....mos....ds.

FULL NAME James Howard Brown

(a) Residence: (No. 1414 W. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 1, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	5 4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Charles Brown

14. BIRTHPLACE (city or town) (State or country) Georgia

15. MAIDEN NAME Ruby Fortson

16. BIRTHPLACE (city or town) (State or country) Georgia

INFORMANT Charles Brown
(Address) 1414 W. Mulberry St.

BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date SEP 7 - 1937 19
Commissioner of Health
Per H. A. Moore

UNDERTAKER
(Address)

FILED 193 Registrar.

3479 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	
Congenital hemiplegia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) E. L. Brown M. D.

(Address) 2257 W. Mosher

OCCUPATION is very important and instructio... of certificate!

V F 38885

38885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 827 N. Carolina St., 7-5 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John H. Marshall

(a) Residence: No. 827 N. Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Carrie Marshall

6. DATE OF BIRTH (month, day, year) 8-8-74

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) B. W. I.

FATHER

13. NAME John Thomas Marshall

14. BIRTHPLACE (city or town) (State or country) B. W. I.

MOTHER

15. MAIDEN NAME Cornelia Mondesire

16. BIRTHPLACE (city or town) (State or country) B. W. I

17. INFORMANT Mrs. Carrie Marshall
(Address) 827 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL
Place Sut Calvary Date 9-8 19 37

19. UNDERTAKER Leah M. Tucker
(Address) 315 Lafayette Ave

9-7 1937 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-5 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/15 , 19..... to 9-5 , 1937

I last saw him alive on 9-4 , 1937 Death is said to have occurred on the date stated above, at 8:45 m. p.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstial Nephritis	1936
Other contributory causes of importance: arterio-sclerosis	?

Was an operation performed? NO Date of .....

For what disease or injury? .....

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) H. L. Bowne M. D.

(Address) 1500 E. Madison St.

38886 E 38886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. balto. City Hospt. St. 26-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry Larkins

(a) Residence: No. homeless St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Esther Larkins

6. DATE OF BIRTH (month, day, year) 1-2-1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	66	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gas fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Louise Cunningham

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT ..... B. V. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Woodland PK Date Sept 9 37

19. UNDERTAKER Wm Main Crook
(Address) 1117 E. Baltimore St

20. FILED 9-7-1937 Arthur F. Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 7. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 16 1936 to September 7 1937

I last saw him alive on September 7 1937. Death is said to have occurred on the date stated above, at 5:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	Months
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) H. A. de Saulille M. D.

(Address) Baltimore City Hospitals

VS 3

38887 E 38887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 35639 S

Registered No. 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Margaret Coan

If U. S. Veteran specify WAR

(a) Residence: No. 1414 E. Biddle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1859 ?

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
? 78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Michael Coan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place St Peters Cem Date Sept 8 1937

19. UNDERTAKER Wm J. Cook
(Address) 1217 St Paul Street

Sept 7 1937 [illegible] Williams, M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 6, 1937, to September 5, 1937

I last saw her alive on September 5, 1937. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	9-5-37

Other contributory causes of importance:

Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. de Lautelle, M. D.

(Address) Baltimore City Hospitals

H

F 38888

38888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

171

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md General Hosp St. 27-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Charlotte C Hensler
If U. S. Veteran specify WAR

(a) Residence: No. 3301 Moravia Blvd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (Husband) (or) WIFE of William E. Hensler

6. DATE OF BIRTH (month, day, year) Aug 1 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept 1-37

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry L Koppelman

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Charlotte C Walker

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT William E. Hensler
(Address) 3301 Moravia Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 10 37

19. UNDERTAKER Norman Cook
(Address) 1217 St Paul Street

20. FILED SEP 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7th 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/4 1937 to 9/7 1937

I last saw h.s.w. alive on September 7, 1937. Death is said to have occurred on the date stated above, at 3.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis & Cholelithiasis	
Obliterated appendix	
Pneumonia (Lobar)	

Other contributory causes of importance:

Was an operation performed? yes Date of August 31, 1937

For what disease or injury? Acute Cholecystitis & Cholelithiasis

Name of operation Cholecystectomy & appendectomy

What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify

(Signed) Dr H. E. Sartorius, Jr. M. D.
(Address) Maryland General Hospital

F 38889

38889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. 22-16

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....da. How long in U. S. If of foreign birth? ....yrs. ....mos. ....da.

2. FULL NAME George J. Anastase

If U. S. Veteran specify WAR no

(a) Residence: No. 3320-St. Ambrose Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -------

6. DATE OF BIRTH (month, day, year) 11/22/1924

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Anastase

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Kathryn Dorsey

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Kathryn Anastase

(Address) 3320-St. Ambrose Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 9/9/37 19

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735-Eastord Ave.

20. FILED 19 ... Registrar

7-1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Disease of Heart	
(Probably Congenital)	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) ..... Coroner. M. D.

(Address) 2757 W. Lex...

OCCUPATION is very important. See instructions on back of certificate.

38890 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 38890

CERTIFICATE OF DEATH 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 Putman Place Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael J Fahey

If U. S. Veteran specify WAR

(a) Residence: No. 426 Putman Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Kneavney

6. DATE OF BIRTH (month, day, year) 11-22-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9 10	13 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe Caulker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 37 yrs

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Fahey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sarah Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Walter P Fahey

(Address) 426 Putman Place

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Sept 8 1937

19. UNDERTAKER Mary M Wiedefeld

(Address) 501 E 22nd St

20. FILED 19 Registrar

Sept - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/5/1937

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1937, to Sept 5, 1937

that I last saw h.m. alive on Sept 5 1937. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Chronic Nephritis	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wilbur M Pearce M. D.

(Address) 1 E Preston St

OCCUPATION is very important. See instructions on back of certificate.

F 38891

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38891

CERTIFICATE OF DEATH X √ 122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital St. 11-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter P. Hendrix

If U. S. Veteran specify WAR

(a) Residence: No. White Hall St. Balto. Co. Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola C. Hendrix

6. DATE OF BIRTH (month, day, year) Dec. 8. 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Lindsay Hendrix

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Jennie Philips

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Mrs. Walter Hendrix

(Address) White Hall

18. BURIAL, CREMATION, OR REMOVAL

Place White Hall Date 9/8/37 19

19. UNDERTAKER P. Markley Lowe

(Address) White Hall Md

DEC 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... Coroner, M. D.

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 38892

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38892

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Ausquith St. 9-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ellen J. Byrnes

(a) Residence: No. 1615 Ausquith St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Byrnes

6. DATE OF BIRTH (month, day, year) Dec 10-1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Aug 4th 1937

11. Total time (years) spent in this occupation 20 Yrs

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Edward E. McDonnell

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Mary E. McIntyre

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Charles H. Byrnes
(Address) 1615 Ausquith St

18. BURIAL, CREMATION, OR REMOVAL
Place Pat Junior County Sept 8 37

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED ... Registrar

EP 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 5, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry) ... her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Paul Whitney Coroner, M. D.

(Address) 1918 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 38893

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38893

CERTIFICATE OF DEATH

✓ 122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St., 28-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charlotte Kirchmayer

If U.S. Veteran specify WAR

(a) Residence: No. German Aged Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 9, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	-	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Coblentz
(State or country) Germany

FATHER

13. NAME Henrich Kirchmayer

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Matilda Heim

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Records German Aged Home
(Address) Athol Ave., Irvington

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Sept. 8, 37

19. UNDERTAKER
(Address) 1003 W. Baltimore St.

20. FILED 19

- 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 25/37, 19 to Sept. 5/37, 19
I last saw her alive on Sept. 4/37, 19 Death is said to have occurred on the date stated above, at 2.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction.	Aug. 25/37

Other contributory causes of importance:

Arterio-Sclerosis.	Unknown.

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. How?

(Signed) Lucy Lucas Lewis M.D.

(Address) 933 Hanover St.

(OCCUPATION is very important. See instructions on back of certificate.)

O.K. Ralph Schamberg, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38894 — CERTIFICATE OF DEATH — F 38894

V -92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6437 Cedonia Ave St. 27-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? Unknown yrs. ..... mos. ..... ds.

2. FULL NAME George Mauss

(a) Residence: No. 6437 Cedonia Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret A. Mauss

6. DATE OF BIRTH (month, day, year) Oct. 6th 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug

10. Date deceased last worked at this occupation (month and year) Sept. 2nd 1937

11. Total time (years) spent in this occupation 29

12. BIRTHPLACE (city or town) Hessen (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country) Germany

17. INFORMANT Mrs. Margaret Mauss (Address) 6437 Cedonia Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Sept. 10, 1937

19. UNDERTAKER Frederick Lessner Sons (Address) 7201 Belair Road

(Registered No.) Huntington Williams, M.D.

SEP 8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1937 to Sept 6, 1937

I last saw him alive on Sept 6, 1937. Death is said to have occurred on the date stated above, at 5-35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	
Myocarditis Acute	
Other contributory causes of importance:	
Arteriosclerosis	
Mitral Stenosis	

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Albert G. Webster, M. D.

(Address) 6409 Belair Rd.

OCCUPATION is very important. See instructions on back of certificate.

F 38895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 38895

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 7-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Theresa Hoffman

If U. S. Veteran specify WAR .....

(a) Residence: No. 1927 E. Chase St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Herman F. Hoffman

6. DATE OF BIRTH (month, day, year) April 3, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Conrad Kellmayer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Bosher

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Herman Hoffman

(Address) 1927 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Co. Date Sept 16, 1937

19. UNDERTAKER John Williams

(Address) East Eager St

20. FILED SEP 8 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schmeltzer M. D. Coroner

(Address) 1912 E. Preston Street

OCCUPATION is very important. See instructions on back of certificate.

S 6

F 38896

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38896

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 27-3 Ward)

Registered No. 82-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Maurice Dersch

(a) Residence: No. 5201 Tramore Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of [redacted] Elizabeth Dersch

6. DATE OF BIRTH (month, day, year) Dec. 14, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Silversmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John L. Dersch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Brendel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Elizabeth Dersch

(Address) 5201 Tramore Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Sept 9, 1937

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED SEP 8 - 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Other contributory causes of importance: Cerebral apoplexy	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 38897

38897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ✓16

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) University Hos St., 46-11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. 11 mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Joan Evans

(a) Residence: No. 219 E. Mount St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 21 at 35

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1.	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Benjamin Evans
14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER
15. MAIDEN NAME Elaine Taylor
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Benjamin Evans
(Address) 219 E Mount st

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept 8th 1937

19. UNDERTAKER Jones
(Address) 462 Gilmor st

FILED SEP 10 1937 Eng. Top Williams

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1937 to Sept 7, 1937
I last saw h[illegible] alive on Sept 7, 1937 Death is said to have occurred on the date stated above, at 7.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalopolioencephalitis	Sept 2.
Pneumonia	Sept 7
	over

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Spinal puncture Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, what?

(Signed) Walter Henry Gerrish Jr. M. D.

(Address) University Hospital.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38898 F 38898 ✓ 95-B #26244 SF

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 70 yrs St. 14-21 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Lottie Chambers

If U. S. Veteran specify WAR.....

(a) Residence: No. 1627 Mcculloh St. St., ...Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) 9/7/1861

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
75	75	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME James Smith

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Irene Diggs

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Sept 9 1937

19. UNDERTAKER James A. Stuart

(Address) 142 W. Fayette St

20. FILED SEP 8 - 1937 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 31, 1937, to September 5, 1937

I last saw her alive on September 5, 1937. Death is said to have occurred on the date stated above, at 12:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of.....

For what disease or injury?.....

Name of operation.....

What test confirmed diagnosis? Clinical Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?.....Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify.....

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

Toyer

HEALTH DEPARTMENT—CITY OF BALTIMORE

38899

CERTIFICATE OF DEATH

✓174

38899

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 16-1 Ward)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Marshall Wm Toyer

(a) Residence: No. 1112 Harlem Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Toyer

6. DATE OF BIRTH (month, day, year) July 29-1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundryman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md

FATHER

13. NAME Emanuel Toyer

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eloise Hart

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Flora Toyer

(Address) 62½ C St S E Washington D C

18. BURIAL, CREMATION, OR REMOVAL Johns Hopkins

Place St. Mary Co. Md Date 9/7/37

19. UNDERTAKER Thomas E. Kelly

(Address) 809 Fredrick Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab wound of Heart	Sept 4 1937

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Sept 4, 1937

Where did injury occur? 1112 Harlem Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Was stabbed with knife

Nature of injury Knife wound Kitchen

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo J Allen M. D.

(Address) 1150 Cregier St

OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38900

CERTIFICATE OF DEATH

F 38900

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals 186-2

CITY OF BALTIMORE: (No. Bay View St., 14 Ward 2)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Ada Smith

(a) Residence: No. 559 Lanvens St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 26-1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	11	4 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Edward Smith (dead)

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Julia A Muse

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) Julia Walker 1826 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 9/8 37 19

19. UNDERTAKER (Address) Thomas E. Kelson 1383 Greatmans

20. FILED SEP 8 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of 5th Cervical Vertebra	2 days
edema of spinal Cord	
	2 days

Other contributory causes of importance: Inadequate

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation (Clinical) Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Sept 3. 1937

Where did injury occur? 559 Lanvens St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down stairs

Nature of injury Fracture 5th Cervical Vertebrae

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. W. Wood, Coroner, M. D.

(Address) 1712 N. Broadway

OCCUPATION is very important. See instructions on back of certificate.

V S 6

38901 E 38901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3022 N. Calvert St. St. 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles M. Trueheart

If U. S. Veteran specify WAR

(a) Residence: No. 3022 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida V. Buck

6. DATE OF BIRTH (month, day, year) Oct. 30, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Va.

FATHER

13. NAME Wm. Henry Trueheart

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lucy White

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Mildred Wright
(Address) 3022 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemy. 9/8/37

19. UNDERTAKER John O'Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED SEP 8 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from AUG 9, 1937 to SEPT 6, 1937

I last saw h[illegible] alive on SEPT 5, 1937. Death is said to have occurred on the date stated above, at 2:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PARALYSIS AGITANS	1930
Other contributory causes of importance: NEPHRITIS, ACUTE	SEPT 1937

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? URINE Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) [illegible] Goldman, M. D.

(Address) 8 E. Read St.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38902

CERTIFICATE OF DEATH

F 38902

1. PLACE OF DEATH: Baltimore City Hospitals — Registered No. [illegible]

CITY OF BALTIMORE: (No.) Bay View St., 76-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Berkley Ward Logan

(a) Residence: No. Havre de Grace Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 15-1918

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Deck hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Log Boat

10. Date deceased last worked at this occupation (month and year): Sept 6-1937

11. Total time (years) spent in this occupation: [illegible]

12. BIRTHPLACE (city or town) (State or country): Havre de Grace Maryland

FATHER

13. NAME: Egan J. Logan (Deceased)

14. BIRTHPLACE (city or town) (State or country): North East Maryland

MOTHER

15. MAIDEN NAME: Mary E. Wortzon

16. BIRTHPLACE (city or town) (State or country): North East Maryland

17. INFORMANT: Egan J. Logan Jr.
(Address) Havre de Grace Md.

18. BURIAL, CREMATION, OR REMOVAL: North East M.E. Cem. Cul. Date Aug. 10 1937

19. UNDERTAKER: J. Madison Mitchell
(Address) Havre de Grace Md.

20. FILED SEP 8 - 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab Wound of Abdomen	Sept 7-1937
Hemorrhage,	Sept 7-1937

Other contributory causes of importance: Resect'd Stabin'g

Was an operation performed? Yes Date of Sept 7-1937

For what disease or injury? Stab Wound Abdomen

Name of operation: Ligate blood Vessels Date of Sept 7-37

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 19

Where did injury occur? Log Boat Columbia
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Stabbing Abdomen

Nature of injury Stab Wound of Abdomen

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify due to fight

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

OCCUPATION is very important. See instructions on back of certificate.

V.S.

F 38903

38903 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 38903

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp St. 13-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herman Mirvis Mirvis

If U. S. Veteran specify WAR .....

(a) Residence: No. 2007 Callow Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Leah Mirvis

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Mirvis

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Freida —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Rosah Mirvis (Address) 2007 Calvert Ave.

18. BURIAL, CREMATION, OR REMOVAL Pl. Sharey Hun Date 9-7-37 19

19. UNDERTAKER Jack Sears Inc (Address) 1432 E. Balto St.

20. FILED ....., 19..... Registrar.

P.S. - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/5/37, 19..., to 9/5/37, 19...

I last saw h[illegible] alive on 11:30 P.M. 1937 Death is said to have occurred on the date stated above, at 11:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Pulmonary Edema	
Pneumonia Hypostatic	
Otitis Media Purulent Rt	

Other contributory causes of importance: Arteriosclerosis Coronary

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas B. Marek, M. D.

(Address) Bon Secours Hosp

OCCUPATION is very important. See instructions on back of certificate.

38904 E 38904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-J-108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 17 Ward) CGK--26385

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Anna Sexton

If U. S. Veteran specify WAR.....

(a) Residence: No. 726 W. Franklin St. St., ...Ward.....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) About 1878

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About 59	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records of Baltimore City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept 8, 1937

19. UNDERTAKER Wm. J. Tickner & Sons
(Address) Raab & Paine

20. FILED ..... 19.....
Registrar.

SEP 8 - 1937 Baltimore, Md.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 3, 1937, to September 5, 1937

I last saw her alive on September 5, 1937. Death is said to have occurred on the date stated above, at 7.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	9-3-37
Other contributory causes of importance:	

Was an operation performed? No Date of.....

For what disease or injury?.....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?.....Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury.....

Nature of Injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) F. A. De Santelle M. D.

(Address) Baltimore City Hospitals

F 38905

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38905

CERTIFICATE OF DEATH

X 104-B

1. PLACE OF DEATH St Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Ave, St 25-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos. 5 ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR

2. FULL NAME Miss Mildred Gerry

(a) Residence: No..... Buckeystown Md St., ...Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 9. 1925

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	16	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Herbert L. Gerry

14. BIRTHPLACE (city or town) (State or country) Jefferson Co W. Va

MOTHER

15. MAIDEN NAME Edith Hauer

16. BIRTHPLACE (city or town) (State or country) Uniontown Pa W. Va.

17. INFORMANT (Address) H. L. Gerry Buckeystown, Md

18. BURIAL, CREMATION, OR REMOVAL Place Gorsuch W. Va Date 9/8 1937

19. UNDERTAKER (Address) M. S. Eichison & Son Frederick, Maryland

20. FILED SEP 8 - 1937 Registrar. Williamsport, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-8- 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-3- 1937 to 9-8- 1937

I last saw her alive on Aug 7, 1937. Death is said to have occurred on the date stated above, at 6.40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pan-sinusitis	8-1-37
Staphylococcus septicemia	

Other contributory causes of importance:

Was an operation performed? Yes Date of Aug 4, 1937

For what disease or injury? Frontal sinusitis

Name of operation Antral puncture, bilateral

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Karl F. Mech M.D.

(Address) St. Agnes' Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 38906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 38906

1948

Registered No. 24-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimorr General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? 40 yrs. --- mos. --- ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Brokos.

(a) Residence: No. 1513 E. Clement St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of (or) WIFE Lucia Brokos.

6. DATE OF BIRTH (month, day, year) December 10, 1877.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Aug. 23, 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Paul Brokos.

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Evania Piorkowski

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Lucia Brokos. (wife)
(Address) 1513 E. Clement St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Sept 9. 1937

19. UNDERTAKER John J. Weber
(Address) 401 E. Chase St

20. FILED SEP 8 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 5, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	9/1/37
Fracture of right Tibia & Fibula.	8/23 37
Accidental death	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 8/23/37

Where did injury occur? struck by freight (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Pier 6 Locust Point

Manner of injury Struck by falling freight

Nature of injury Fracture of Tibia & Fibul

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify .....

(Signed) ..... M. D.
Coroner

9/7/37 (Address) 1017 S. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 38907

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38907

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH Baltimore City Hospitals — St. — Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Unidentified - (John Doe) — If U. S. Veteran specify WAR .....

(a) Residence: No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Don't Know

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Don't Know

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32?	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Police Dept
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL SEP 8 - 1937 19
Commissioner of Health

19. UNDERTAKER For H. A. Moore
(Address)

20. FILED SEP 8 - 1937 19 Registrar

VS 6

3480

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20 1937 7:05 P.M.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fire Arms	8/20

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Acc Date of Injury 8/20 1937
Where did injury occur? Dr. Phelps Road near B&O Subs
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Highway
Specify how injury occurred Struck by automobile
Was injury at work? Crossing street

24. Was disease or injury in any way related to occupation of deceased?
If so specify .....

(Signed) Hubert Gurley Ante M. D.
Coroner
(Address) 907 N Chapel

SEE CAUSE OF DEATH in plain terms so that it may be understood. See instructions on back of certificate. OCCUPATION is very important.

38908 ✓ F 38908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 9-8 210-M Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME ROSE MILLER

(a) Residence: No. 523 E. 20th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick H. Miller.

6. DATE OF BIRTH (month, day, year) Aug. 24, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	-	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Michael O'Conner

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Hanley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Catherine Winn
(Address) 523 E. 20th Street

18. BURIAL, CREMATION, OR REMOVAL
Place Indianapolis, Indiana Date Sept. 10, 1937

19. UNDERTAKER Edward F. Bauer Son
(Address) 1700 N. Pennsylvania Ave

20. FILED SEP 8 - 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fract. tibia & fibula	9/1/37
Cerebral Hypostatic Pneumonia	9-4-37

Other contributory causes of importance

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Acc Date of injury 9-1-, 37

Where did injury occur Town Road
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Struck by Auto, as walked

Nature of injury Foot Crossing

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] Coroner M. D.

(Address) [illegible]

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

Rosario Falise

38909

HEALTH DEPARTMENT—CITY OF BALTIMORE

38909

26265 JS

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 32 yrs. ..... mos. ..... ds.

2. FULL NAME Rosario Falise

If U. S. Veteran specify WAR .....

(a) Residence: No. 4117 Park Heights Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year) 1872 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale

10. Date deceased last worked at this occupation (month and year) [redacted]

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Charles Falise

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Sept 10 '37

19. UNDERTAKER Albert M. Berezay
(Address) 440 E. North Ave

20. FILED Sept 10 1937 [illegible] Registrar

P-3-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 1, 1937, to September 7, 1937

I last saw her alive on September 7, 1937. Death is said to have occurred on the date stated above, at 9:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7-1-37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) F. A. De Sanctis, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

✓ F 38910

38910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH West Baltimore General Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 23 Ward 2

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Elizabeth Coughlin If U.S. Veteran specify WAR .....

(a) Residence: No. 2603 East Fairmount Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Thomas Jr. Coughlin

6. DATE OF BIRTH (month, day, year) 11/17/86

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Mrs. Catherine Widel

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Elizabeth Coughlin
(Address) 2603 E. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 9/10 19 37

19. UNDERTAKER J. Boo E. Moran
(Address) 3600 E. Baltimore St.

(FILED) 8-1937 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/7 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/30 1937 to 9/7 1937

I last saw her alive on 9/7 1937 Death is said to have occurred on the date stated above, at 5:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	about 2 yrs
Intestinal Obstruction	1
" Perforation	1

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Milton Lewin M. D.
(Address) W 3711

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38911 131 F 38911

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 S Kenwood Ave St., 1 Ward)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME GEORGE RIES

(a) Residence: No. 517 S Kenwood AVE St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Ries

6. DATE OF BIRTH (month, day, year) Aug 16 1869

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
68	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. mill hand

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) BALTO MD

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Ries (SON)
(Address) 517 S Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 9 1937

19. UNDERTAKER Lilly & Zeller Inc
(Address) 413 Ha Lwood St.

20. FILED ..... Registrar.

P.S. - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEPT 6 , 1937

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1937 to Sept 6, 1937

I last saw h~~im~~ alive on Sept 6, 1937. Death is said to have occurred on the date stated above, at 3.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular renal disease	
Other contributory causes of importance:	
Acute edema of lungs	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eugene Zeller M. D.

(Address) 2739 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

38912 HEALTH DEPARTMENT—CITY OF BALTIMORE

38912 F 38912

CERTIFICATE OF DEATH

CGK--25359

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Barrett

(a) Residence: No. 903 S. Highland Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Elizabeth Barrett

6. DATE OF BIRTH (month, day, year) May. 10/1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Bartley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Flinn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records of Balto. City Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL [illegible] Heart Date Sept. 10/37

Place [illegible]

19. UNDERTAKER Fitzpatrick & Zeiferlein

(Address) 402 E. Fayette St.

SEP 8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 27 1937 to September 6 1937.

I last saw h[illegible] alive on September 6, 1937. Death is said to have occurred on the date stated above, at 5.05 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of lung — Date of onset June 1937

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical Was there an autopsy? No

What test confirmed diagnosis? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. Del Gentile M. D.

(Address) Baltimore City Hospitals.

OCCUPATION is very important. See instructions on back of certificate.

E 38913

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38913

93-c

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 233 S Chapel St. 2-1 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Michael Marko

(a) Residence: No. 233 S Chapel St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Marko

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Marko

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Untz.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Anna Marko
(Address) 233 S Chapel St

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date Sept 9 1937

19. UNDERTAKER Fred W Ozdzeleski
(Address) 930 Eastern Ave

20. Filed 8-1937 Huntington Williams, Registrar.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1936 to Sept 6 1937

I last saw him alive on Sept 6 1937 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Other contributory causes of importance: Myocardial Failure	Sept 3. 1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo L Kulacth M. D.

(Address) 1265 Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

38914

HEALTH DEPARTMENT—CITY OF BALTIMORE

#18471

F 38914 SF

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 7-3 Ward) 95 B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth 31 yrs. mos. ds.

2. FULL NAME Kosika ~~Sophie~~ Klosek

If U. S. Veteran specify WAR .....

(a) Residence: No. 1713 Lancaster St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) ~~1892~~ 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME James Kalinoski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Sept 11 37

19. UNDERTAKER Fred W Ostgenstein

(Address) 1900 Eastern Ave

20. FILED 8-1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 7. 1937

22. I HEREBY CERTIFY That I attended deceased from November 5 1936 to September 7. 1937

I last saw her alive on September 7. 1937 Death is said to have occurred on the date stated above, at 6.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1936

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. A. de Lantelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 38915

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38915

CERTIFICATE OF DEATH 25078 (MB) 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 11-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ...mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Louis Falkenstein

If U. S. Veteran specify WAR .....

(a) Residence: No. 508 N. Howard St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma

6. DATE OF BIRTH (month, day, year) 6/12/1857

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	80	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Silversmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Theresa Truliev

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date Sept 9, 1937

19. UNDERTAKER A. Boyard Evans

(Address) 1400 N Charles St

20. FILED SEP 8 - 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 4 1937

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1937, to September 4, 1937.

I last saw him alive on September 4, 1937. Death is said to have occurred on the date stated above, at 1.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9-1-37

Other contributory causes of importance:

Arteriosclerosis Unknown

Was an operation performed? No Date of.....

For what disease or injury?.....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?.....Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify.....

(Signed) H. A. de Lautelle, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

38916

HEALTH DEPARTMENT—CITY OF BALTIMORE

38916

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St. 11-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert David Streett — If U. S. Veteran specify WAR .....

(a) Residence: No. Rockdale Terrace, Randallstown St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 8, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Marshall B. Streett

14. BIRTHPLACE (city or town) (State or country) Harford County Maryland

MOTHER

15. MAIDEN NAME Mabel V. Hollins

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mr. Marshall B. Streett
(Address) Rockdale Terrace, Randallstown

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olive Cemetery Date Sept. 10 1937

19. UNDERTAKER Peter Cook
(Address) 1003 W. Baltimore St.

20. FILED Sept. 11 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 7 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastric Enteritis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) [illegible] M. D. Coroner

(Address) 2757 W. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8-1937
V S G

38917 E 38917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sydenham Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mamie Minnie Steinbacher If U. S. Veteran specify WAR .....

(a) Residence: No. Smith Ave & Savoy St., Ave Ward. Steinbacher, Edward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Steinbacher

6. DATE OF BIRTH (month, day, year) Sept 18, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Christopher Riedel

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Mathilda ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edward Steinbacher
(Address) Same

18. BURIAL, CREMATION, OR REMOVAL Friendship Memorial 9/9/1937

19. UNDERTAKER Wilhelm Brook
(Address) 2414 E Fayette

20. FILED Huntington Millwood, Md

SEP - 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1937 to Sept 8, 1937

I last saw her alive on Sept 8, 1937 Death is said to have occurred on the date stated above, at 12 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Agranulocytic angina	9-2-37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Blood counts Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Francis D Schventker M. D.

(Address) Sydenham Hospital

F 38918

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38918

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 N. Chester St., 7-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Oppitz

If U. S. Veteran specify WAR .....

(a) Residence: No. 803 N. Chester St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Oppitz

6. DATE OF BIRTH (month, day, year) Dec. 23rd 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	9	8	14

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Frank Oppitz

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Mary Steindle

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Miss. Rose Oppitz

(Address) 803 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept, 10th 1937

19. UNDERTAKER Geo. M. Fink & Son

(Address) 811 N. Wolfe St

20. FILED SEP 9 - 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 7th 1937

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Ihrenberg, M. D. Coroner

(Address) 1919 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 537 Robert St, St., 14-3 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie Collins

If U.S. Veteran specify WAR .....

(a) Residence: No. 537 Robert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Collins

6. DATE OF BIRTH (month, day, year) 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Beatrice Reed

(Address) 537 Robert st

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Cem Date 9-10 1937

19. UNDERTAKER George F. Nelson

(Address) 1303 Preistman st

20. FILED 9-9 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-8 1937

22. I HEREBY CERTIFY, That I attended deceased from June 28 1937 to Sept. 8 1937

I last saw h[illegible] alive on Sept. 7 1937 Death is said to have occurred on the date stated above, 12-15 A m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset June 28 (37)

Other contributory causes of importance:

Was an operation performed? V Date of .....

For what disease or injury? .....

What test confirmed diagnosis? V Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) B. F. Nelson Jr. M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

F 38920

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38920

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary T Compson

If U. S. Veteran specify WAR

(a) Residence: No. 11 Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George T Compson

6. DATE OF BIRTH (month, day, year) 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Will Pickens

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Betty Smith

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ethel Brown
(Address) 11 Monroe St

18. BURIAL, CREMATION, OR REMOVAL
Place McCalvary Cem Date 9/10/37

19. UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Montgomery St

Filed SEP 9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9. 7. 1937

22. I HEREBY CERTIFY, That I attended deceased from 9. 3. 1937 to 9. 7. 1937

I last saw her alive on 9. 7. 1937 Death is said to have occurred on the date stated above, at 1.20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	9. 3. 37
Other contributory causes of importance:	
None	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) James P. Carr M. D.

(Address) 315 Monroe St

OCCUPATION is very important. See instructions on back of certificate.

SEP 9 - 1937

8921

E 38921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 25730--M

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City nospts. St. 25-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary McCann

If U. S. Veteran specify WAR

(a) Residence: No. 1809 Spence St., Fowell St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas (D)

6. DATE OF BIRTH (month, day, year) 9-9-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Watson

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Jane Dawson

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records of Balto. City nospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 9/10 1937

19. UNDERTAKER J. F. McCully

(Address) 130 E Fort

20. FILED [illegible] Registrar

Arlington Nottingham, MD

VS 3 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 9, 1937, to September 8, 1937

I last saw her alive on September 2, 1937. Death is said to have occurred on the date stated above, at 3:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7-3-37
Other contributory causes of importance: Chronic Colitis, Cancer of Rectum	Aug. 1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. DeLaunette, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

38922 F 38922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓163

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 8-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fannie L. Kemper

If U. S. Veteran specify WAR .....

(a) Residence: No. 506 N. Dunbar St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Wm L. Kemper

6. DATE OF BIRTH (month, day, year) Jan. 25-1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jesse Allen Newberry

14. BIRTHPLACE (city or town) (State or country) Texas Md.

MOTHER

15. MAIDEN NAME Mary Ann Kenny

16. BIRTHPLACE (city or town) (State or country) Texas Md.

17. INFORMANT Harriet A. Vane

(Address) 846 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Mem. Park Date Sept. 10, 1937

19. UNDERTAKER George W. Gribben

(Address) 1737 E. Eager St.

20. FILED Sept 10 1937 Arlington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Sept. 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest I find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sodium Fluoride poisoning	

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9-7, 1937

Where did injury occur? 506 N. Dunbar St. Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Swallowed roach poison

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Saml. Helkowitz, M. D. Coroner

(Address) 1717 E. Monument Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38923

CERTIFICATE OF DEATH

82-a F 38923

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Harrington Apt St. 17-1 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Matilda Lloyd Corkran

If U. S. Veteran specify WAR

(a) Residence: No. 3908 N Charles St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widow

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND OF~~ (or) WIFE of Wm B H Corkran Jr

6. DATE OF BIRTH (month, day, year) May 31 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME J. P. Corkran

14. BIRTHPLACE (city or town) (State or country) Talbot Co Md

MOTHER

15. MAIDEN NAME Anna Love

16. BIRTHPLACE (city or town) (State or country) Talbot Co Md

17. INFORMANT Wm Corkran

(Address) Harrington Apt

18. BURIAL, CREMATION, OR REMOVAL

Place London Parker Date Sept 10 1937

19. UNDERTAKER Henry Menkin & Sons

(Address) Cor Lee & The Colonade St

20. FILED Sept 9 1937 Harrington Williamson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8 1937

22. I HEREBY CERTIFY, That I attended deceased from 1935, ~~illness~~, to 9-8, 1937

I last saw her alive on 9-8, 1937 Death is said to have occurred on the date stated above, at 12 45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	1925 ?
CEREBRAL HEMORRHAGE	Aug 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L Dorsey, M. D.

(Address) 1129 St. Paul St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

20-5157-a

F 38924

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 35 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Mason

(a) Residence: No. 412 S Bentalou St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 4 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	35-4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) University Hospital Baltimore Maryland

FATHER

13. NAME William H Grason

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Thelma Kammerer

16. BIRTHPLACE (city or town) (State or country) Washington Delaware

17. INFORMANT William H Grason
(Address) 412 S Bentalou st.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept 9 - 1937

19. UNDERTAKER Robt C & B Jr Walters
(Address) Robt C & B Jr Walters

20. FILED Sep 9 - 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1937, to Sept 8, 1937

I last saw he alive on Sept 8, 1937 Death is said to have occurred on the date stated above, at 5-35 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Internal Hydrocephalus	
Spina Bifida	
Other contributory causes of importance:	
Bilateral Hydronephrosis	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. K. Adams M. D.
(Address) University Hosp. Balto.

OCCUPATION is very important. See instructions on back of certificate.

F 38925

F 38925 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-12 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2921 Rockrose ave St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Friedman

If U. S. Veteran specify WAR .....

(a) Residence: No. 2921 Rockrose ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Hyman

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Soloman Cohen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Friedman
(Address) 2921 Rockrose ave

18. BURIAL, CREMATION, OR REMOVAL
Hebrew Herring Run Place Date 9/9 19 37

19. UNDERTAKER Sol Levinson Bro
(Address) 1126 N Howard ave

20. FILED ..... 19 ..... Registrar

SEP 8 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1937, to Sept 4, 1937

I last saw h[illegible] alive on Sept 4, 1937. Death is said to have occurred on the date stated above, at 10 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	9/8

Other contributory causes of importance:

Ch Myocarditis	
Ch Nephritis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Physical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. L. Hornstein, M. D.

(Address) 733 Augusta St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 38926 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 38926

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 12-2 Ward)

Registered No. 186-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Chester R. Dilworth

If U. S. Veteran specify WAR ...

(a) Residence: No. Mt. Vista, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 26, 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Remington Dilworth

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Estella Cain

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT C. E. Arthur
(Address) York, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Johns Kingsville Sept. 10 1937

19. UNDERTAKER C. E. Arthur
(Address) Yoke, Md.

20. FILED SEP 9 1937 19 ... Registrar
Effington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Oedema	9/8/37
Other contributory causes of importance: Falling Table Home against	9/8/37

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? At Home.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Home

Manner of injury Fell against table

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Joseph T. Haas, M. D.
Coroner

(Address) 612 W 40

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38927

CERTIFICATE OF DEATH

15-10-93-Cr 38927

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4008 Belview Ave. St.) 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Philip Flitt

(a) Residence: No. 4008 Belview Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence K. Flitt

6. DATE OF BIRTH (month, day, year) January 13, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mgr. Tobacco

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store 0086

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Flitt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Hecht

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss P. Ethel Flitt

(Address) 4008 Belview Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Sept. 11 37

19. UNDERTAKER Wm. J. Tegtmeier Son

(Address) West Fayette St.

SEP 9 - 1937 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1st 1937 to Sept 8th 1937

I last saw him alive on Sept. 8 1937. Death is said to have occurred on the date stated above, at 11:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	One yr. ago

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
No If so, specify .....

(Signed) Edward C. Reitzel M. D.

(Address) 2245 Reisterstown Rd. Balto Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38928 CERTIFICATE OF DEATH 22-223F 38928

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Young (21137) If U. S. Veteran specify WAR

(a) Residence: No. 216 S. Green St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 27, 1909

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
28	1	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Alfred

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Wolford

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Memorial Date Sept 10, 1937

19. UNDERTAKER Mrs Katie R. Williams (Address) 322 E. Lanvale St.

20. FILED SEP 9 - 1937 (Signature) Katie R. Williams (EHS)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1937 to Sept. 7, 1937

I last saw him alive on Sept. 7, 1937 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs — Date of onset Jan. 17, 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leo M. Curtis, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 38929

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38929

CERTIFICATE OF DEATH

28-1764

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4200 Fernhill Ave. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alferd Kegan

If U. S. Veteran specify WAR .....

(a) Residence: No. 4200 Fernhill Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie B. Kegan

6. DATE OF BIRTH (month, day, year) Nov. 28, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Bernard Kegan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Carrie B. Kegan

(Address) 4200 Fernhill

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept. 10 1937

19. UNDERTAKER Chas. E. Frank

(Address) 801 Madison Ave

20. FILED SEP 9 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 7, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

adduced by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poison (Auto)	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury Sept. 7, 1937

Where did injury occur? 4200 Fernhill Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Garage 4200 Fernhill Ave

Manner of injury Gas from Auto.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. K. Mahan M. D. Coroner

(Address) 2757 W. Lexington

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Ff 38930 HEALTH DEPARTMENT—CITY OF BALTIMORE B8930

CERTIFICATE OF DEATH

16-1 V 53-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Lucille Coates

If U. S. Veteran specify WAR

(a) Residence: No. 1001 W. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George T. Coates

6. DATE OF BIRTH (month, day, year) not stated

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Frazier Brompton

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Henrietta Penn

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT George T. Coates

(Address) 1001 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL Liberty Md. Date 9-10-37

19. UNDERTAKER John M. Johnson

(Address) 1700 Eutaw Place

20. FILED Washington, D.C. SEP 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma (Rt.)	
Coronary Thrombosis	over

Other contributory causes of importance:

Cardiac failure

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schwartz, M. D. Coroner

(Address) 1702 Eutaw Place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38931

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38931

CERTIFICATE OF DEATH

95-3

Registered No. CGK--26109

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Priscillar, martin

(a) Residence: No. 1437 madison Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of ~~XXXXXXXX~~ Plas

6. DATE OF BIRTH (month, day, year) 7-4-1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	34	21	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Charles Spruill

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Annie Marley

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records of Balto. City Hospital (Address)

18. BURIAL, CREMATION OR REMOVAL Place Mt Zion Date Sept 11, 1937

19. UNDERTAKER Adolphus Halsted (Address) 2138 Sandtown ave

20. FILED Sept 13 1937 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 24, 1937 to September 3, 1937

I last saw her alive on September 3, 1937. Death is said to have occurred on the date stated above, at 9:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. de Saulles M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FP 3-1937

F 38932

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38932

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2223 Guilford Ave. St., 12-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Patrick A. Sullivan

(a) Residence: No. 2223 Guilford ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie B. Burns

6. DATE OF BIRTH (month, day, year) 11/9/1860.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Sullivan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Sweeney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mc Guire
(Address) 2223 Guilford

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Date 9/10/37

19. UNDERTAKER J. J. Tobey & Sons
(Address) 218 Light

20. FILED ... 19 ... Registrar.

E. J. - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/7/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 26 — 1937 to Sept 7 — 1937

I last saw him alive on Sept 2 . 1937. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Aug 26.
Other contributory causes of importance: Cerebral Sclerosis.	?

Was an operation performed? No — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No — If so, specify

(Signed) Clement Lemmel, M. D.

(Address) 1327 Park Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

38933 E 38933

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 willow ave St., 12-2nd Ward)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Rattman

(a) Residence: No. 202 E University St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Bachman

6. DATE OF BIRTH (month, day, year) 4/25/1852

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
84	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Rattman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Wm. Rattman

(Address) 8 willow ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date 9/1/37, 19

19. UNDERTAKER Jones & Lang

(Address) 1315 Light St.

20. FILED SEP 3 - 1937, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1937, to Sept 1, 1937

I last saw h.... alive on Sept 6, 1937 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Arteriosclerosis - Myocarditis.	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John A. Schenuch M. D.

(Address) 1337 E. Chase St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

38934 F 38934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 20-23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John M. Windle Jr. (15532) If U. S. Veteran specify WAR no

(a) Residence: No. 2227 W. Fayette St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine M. Windle

6. DATE OF BIRTH (month, day, year) Nov. 22, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Public Accounting

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Haskins & Sells

10. Date deceased last worked at this occupation (month and year) Dec. 1936

11. Total time (years) spent in this occupation 1 11

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John Windle, Sr.

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Birdie Lee Hoffman

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept 11 19 37

19. UNDERTAKER Mrs. John W. Deufel & Son
(Address) 201 W. Fayette St

20. FILED ..... 19..... Registrar

SEP 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1936 to Sept. 9, 1937

I last saw him alive on Sept. 9, 1937. Death is said to have occurred on the date stated above, at 7:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	March 1936

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. M. Curtis, M. D.

(Address) Baltimore City Hospitals

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38935

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38935

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH Maryland Biscuit Co.
CITY OF BALTIMORE: (No. 526 S. Charles St. St. 21 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 1 mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William C. Smith.

(a) Residence: No. 1117 S. Carey St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, XXXXXXXXXXX HUSBAND of XXXXXXXXX Sadie T. Smith.

6. DATE OF BIRTH (month, day, year) August 1, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bakery foreman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Biscuit Co.

10. Date deceased last worked at this occupation (month, day, year) 9/7/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph E. Smith.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Dehn.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Sadie T. Smith. (wife)
(Address) 1117 S. Carey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western. Date Sept 10. 1937

19. UNDERTAKER Mr. & Mrs. John W. Deufel & Son
(Address) 201 N. Fayette St.

20. FILED ..... 19..... Registrar

SEP 9 - 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.
(Coroner)

9/8/37 (Address) 1017 S. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38936
332495

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38936

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 3-1 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Delores Flemming

If U. S. Veteran specify WAR .....

(a) Residence: No. 1610 E Lombard St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7-2-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	14	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Chester Roundtree

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Agnes Fleming

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 9/9 1937

19. UNDERTAKER Rayner Sanders

(Address) 1413 E. Preston St

20. FILED ..... 19..... Registrar.

SEP 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1937, to Sept 6, 1937

I last saw her alive on Sept 6, 1937. Death is said to have occurred on the date stated above, at 8.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized tuberculosis	Nov 1936
Tuberculous meningitis	Aug 1936

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? L. P. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) James H. Hawland M. D.

(Address) Johns Hopkins Hospital

STATE CAUSE OF DEATH IN PLAIN TERMS, so that it may be properly classified. STATE WHETHER OCCUPATION is very important. See instructions on back of certificate.

F 38937

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38937

CERTIFICATE OF DEATH

15-193-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Good Shepherd Hosp. Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mansfield Boston

(a) Residence: No. Jessups, R.F.D. Howard Co. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	divorced

5a. If ~~married, widowed,~~ or divorced HUSBAND of (or ~~WIFE~~) Jennie Boston

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co, Md.

FATHER

13. NAME Albert Boston

14. BIRTHPLACE (city or town) (State or country) Howard Co, Md.

MOTHER

15. MAIDEN NAME Mary Watkins

16. BIRTHPLACE (city or town) (State or country) Howard Co., Md.

17. INFORMANT Patient
(Address) Howard Co.

18. BURIAL, CREMATION, OR REMOVAL Place Rolling Road Date Sept 11, 1937

19. UNDERTAKER John W. & W. Little Co. Inc.
(Address) Laurel Md.

20. FILED 19 Registrar.

P 9-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1937 to Sept. 9, 1937

I last saw him alive on Sept. 8, 1937 Death is said to have occurred on the date stated above, at 8:20 A.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration — Date of onset

Hypostatic congestion

Other contributory causes of importance:

Chronic Bronchitis

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Walter Shepherd M. D.

(Address) 1606 Pennsylvania Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38938 — 94-B — F 38938

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-10 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bessie B. Kaufman — If U. S. Veteran specify WAR

(a) Residence: No. 4031 Belle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 31, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	10	7 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Solicitor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 ?

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Wolf Kaufman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rachel Hess

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. M. Harman
(Address) 4031 Belle Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Shalom Gdns. Date Sept. 10 1937

19. UNDERTAKER Harry Sonnheimer Son
(Address) 1902 Eastern Place

20. FILED ... 19 ... Registrar.

P 9-1937 ... Wilkes, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1937 to Sept. 7, 1937

I last saw her alive on Sept. 7, 1937. Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	9/4
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Morton Warren Applegran M. D.
(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38939

CERTIFICATE OF DEATH

137

Registered No. 38939

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2305 Wichita St. Ave. Ward) 15-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime da. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph L. Hess

(a) Residence: No. 2305 Wichita Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Hess

6. DATE OF BIRTH (month, day, year) Sept. 19, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Louis Hess

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Lehman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Morton Hess
(Address) 2305 Wichita Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~
By Heb. Friendship Date Sept. 10 1937

19. UNDERTAKER Baird Sonnheim & Son
(Address) 1902 Eutaw Pl.

20. FILED Huntington Williams Registrar
Sept 9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1934 to Sept 8, 1937

I last saw him alive on Sept 8, 1937. Death is said to have occurred on the date stated above, at 11:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign prostatic hypertrophy	1934?
Other contributory causes of importance:	
arteriosclerosis	?
coronary artery disease	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Course Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton B. Kurtz, M. D.

(Address) 2904 Reisterstown Road.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

38940

HEALTH DEPARTMENT—CITY OF BALTIMORE

38940

CERTIFICATE OF DEATH

15589

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Liberty Heights & Dennison Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isidor Rosenstein

If U. S. Veteran specify WAR

(a) Residence: No. Oaklyn Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feby. 3, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Louis Rosenstein

14. BIRTHPLACE (city or town) (State or country) Germeny

MOTHER

15. MAIDEN NAME Rachel Block

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. E. Rosenstein,
(Address) 3104 N. Hilton St.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Balto. Hebrew Cem. Date Sept. 10, 19 37

19. UNDERTAKER Leonard Goodman & Son
(Address) 1902 Eutaw Place

20. FILED Sep 13 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9, 19 37

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 19 37 to Sept 9 19 37

I last saw h alive on Sept 9 19 37. Death is said to have occurred on the date stated above, at 9 15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Cardio-Vascular disease	?
Hemi Stroke	
Other contributory causes of importance:	
Diabetes	
Arteriosclerosis	1 Yr

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Michael A. Krame, M. D.

(Address) 2360 Eutaw Place

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-9

38941 ✓ F 38941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2712 Whitney Ave St., 27-11 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? life yrs. ..... mos. ..... ds.

2. FULL NAME John J Corcoran

(a) Residence: No. 2712 Whitney Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) July 31, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Corcoran

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Cuff

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Julia E Corcoran
(Address) 2712 Whitney Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Sept 11 37

19. UNDERTAKER Edgar F. Bates & Son
(Address) 1518 N Fayette

20. [illegible] Registrar

Sept 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/9/37

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1937 to Sept 9 1937

I last saw him alive on Sept 7 1937 Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Nephritis	
Hypertrophied prostate	
Uremia	

Other contributory causes of importance:

Name of operation ✓ Date of .....

What test confirmed diagnosis? usual Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19.....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) F. J. Kirby M. D.

(Address) 110 E. Monument St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38942

F 38942 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 54-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian A Beckett

(a) Residence: No. Queen Anne Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robley Beckett

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Jones

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Bonwell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Denton Md Date Sept 9 1937

19. UNDERTAKER Virgil Moore
(Address) Denton Md.

20. FILED Sept 9 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 31 1937 to Sept 9 1937

I last saw h.. alive on Sept 9 1937, Death is said to have occurred on the date stated above, at 2 35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mucinous adenoma left temporal lobe (Benign)	1927

Other contributory causes of importance:

Malnutrition

Exhaustion

Was an operation performed? Yes Date of Sept 1 1937

For what disease or injury? Exploration for Tumor

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1937

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W J Mahoney M. D.

(Address) University Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P 9-1937

F 38943

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 38943

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp. St. 24-4181 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Winfield S. Kirby

If U. S. Veteran specify WAR .....

(a) Residence: No. 1819 Light St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Bertha L. Kirby

6. DATE OF BIRTH (month, day, year): June 18-1902

7. AGE: Years 35 | Months 7 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Crane operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Steel mill

10. Date deceased last worked at this occupation (month, day, year): Sept 7-37

11. Total time (years) spent in this occupation: 5 00

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Charles Kirby

14. BIRTHPLACE (city or town) (State or country): Lucknow

MOTHER

15. MAIDEN NAME: Anna Thomas

16. BIRTHPLACE (city or town) (State or country): Lucknow

17. INFORMANT: Mrs. Bertha L. Kirby

(Address) 1819 Light St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Sept 11 1937

19. UNDERTAKER: Geo. E. Boyer Jr

(Address) 512 Hollins St

20. FILED SEP 9 - 1937 19 ..... Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
3rd & 4th degree burns of body	

Other contributory causes of importance: Shock.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/7, 1937

Where did Injury occur? Bethlehem Steel Co. Sparrows Point Plant Yard (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry.

Manner of injury Burns & Crane Contact

Nature of injury High Tension wire.

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1917 E. North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

38944 ✓ F 38944

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 54-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Maxine ~~Jack~~ Kazzard

(a) Residence: No. Galesville Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of 1922

6. DATE OF BIRTH (month, day, year) Sept 20 1922

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Galesville Md

FATHER

13. NAME Noah B.

14. BIRTHPLACE (city or town) (State or country) Galesville Md

MOTHER

15. MAIDEN NAME Lena Phipps

16. BIRTHPLACE (city or town) (State or country) Dettle Md

17. INFORMANT Lena E. Kazzard
(Address) Galesville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Galesville Date Sept 12 37

19. UNDERTAKER T. A. Hardesty & Son
(Address) Galesville Md

20. FILED ..... By ..... Registrar

SEP 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1937 to Sept 9, 1937

I last saw him alive on Sept 9, 1937. Death is said to have occurred on the date stated above, at 5-30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Recurrent Medulloblastoma of Cerebellum	3-1-37
	over

Other contributory causes of importance:

Was an operation performed? Yes Date of Sept 8 1937

For what disease or injury? Tumor of cerebellum

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Irving Freeman M. D.

(Address) University Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-2

F 38945 ✓ F 38945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp. St. 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Annie Huffman

(a) Residence: No. Cockeysville, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Huffman

6. DATE OF BIRTH (month, day, year) Dec 8 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME William Montgomery

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Annie Montgomery

16. BIRTHPLACE (city or town) (State or country) Balto., Md

17. INFORMANT (Address) Chas. Huffman Cockeysville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Chestnut Ridge Date Sept. 12. 1937

19. UNDERTAKER (Address) Wm. C. Brooks Sons Sparks, Md

20. FILED 9 11 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/9 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 25 1927 to 9/9 1937

I last saw her alive on 9/9 1937 Death is said to have occurred on the date stated above, at 4.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular nephritis	5 yrs.
Diabetes Mellitus	10 yrs.

Other contributory causes of importance: Hypocardiac decompensation 1 day
Diabetic Coma 1 day.

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dominic P. Glagia M. D.

(Address) 332 Fidelity Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. If UNKNOWN, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P 3

F 38946

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38946

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH Mo

CITY OF BALTIMORE: (No. 1010 E. 20th St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carl E. Hoffman

If U. S. Veteran specify WAR

(a) Residence: No. 1010 E. 20th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence L

6. DATE OF BIRTH (month, day, year) Sept 29-1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Perryman Md

FATHER

13. NAME Christian A Hoffman

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Laura V. Charles

16. BIRTHPLACE (city or town) (State or country) Cumberland Md

17. INFORMANT Florence L Hoffman

(Address) 1010 E 20th St.

18. BURIAL, CREMATION, OR REMOVAL

Spesutia Cem. Date Sept 10 37

19. UNDERTAKER William Cook

(Address) 217 N Paca St

20. FILED SEP 10 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Schenthur M. D.
Coroner

(Address) 1919 E. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 6

F 38947 ✓ F 38947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 9-8

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 600 Bartlett Ave St., 9-8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Angus L. MacKenzie
If U. S. Veteran specify WAR

(a) Residence: No. 600 Bartlett Ave St., Ward.
(Usual place of abode) 62 yrs (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Anna L MacKenzie

6. DATE OF BIRTH (month, day, year) Nov 26 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 1031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Curs A Tarr

10. Date deceased last worked at this occupation (month and year) Sept 8-37

11. Total time (years) spent in this occupation 40 Yrs

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Anna L. MacKenzie 600 Bartlett Ave

18. BURIAL, CREMATION, OR REMOVAL Place Oakland Sept 11 1937

19. UNDERTAKER William Cook (Address) 1217 St Paul St

20. FILED SEP 10 1937 Lucy Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8th 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1937 to Sept 8th 1937

I last saw h[e] alive on Sept 7 1937 Death is said to have occurred on the date stated above, at 9a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	

Other contributory causes of importance:
Chronic Bronchitis, Arteriosclerosis
Chr Nephritis

Was an operation performed? No Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? Cl. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur C Manning M. D.

(Address) 800 E North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Foy ✓ E 38948

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38948

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3307 Lemley St., Fairfield Ward 6

Length of residence in city or town where death occurred 1 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

2. FULL NAME Burnell Foy

(a) Residence: No. 3307 Lemley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): infant

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb 19 1937

7. AGE: Years | Months: 7 6 | Days: 2 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Fairfield Md

FATHER

13. NAME: William Foy

14. BIRTHPLACE (city or town) (State or country): N C

MOTHER

15. MAIDEN NAME: Mattie Chisson

16. BIRTHPLACE (city or town) (State or country): N C

17. INFORMANT: Mattie Chisson

(Address): same

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Calvary Date: Sept 10 37

19. UNDERTAKER: James A Hayes

(Address): 1412 W Pratt St

20. FILED: 19 Registrar

St. Eugene Nelson, MD

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year): Sept 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1937 to Sept 8, 1937

I last saw him alive on Sept 8, 1937. Death is said to have occurred on the date stated above, at 9 25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	9/1/37
Other contributory causes of importance: Otitis, Media (bilateral)	9/4

Was an operation performed? Yes Date of, 9/5/37 Myringotomy

For what disease or injury? No

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. W. McDonald M. D.

(Address) 844 Carey

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statements of OCCUPATION is very important. See instructions on back of certificate.

F 38949 (Void) 11709

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38949

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. 137

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Cliffe

If U. S. Veteran specify WAR .....

(a) Residence: No. Route 2 Charlestown St., ... Ward. West Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	W

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov-19-1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) West Va

FATHER

13. NAME Tom Cliffe

14. BIRTHPLACE (city or town) (State or country) W Va

MOTHER

15. MAIDEN NAME Martha Stewart

16. BIRTHPLACE (city or town) (State or country) W Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Charles Town, W. Va. Sept. 10, 1937

19. UNDERTAKER Horace F. Burgee

(Address) 3631 Falls Road

20. FILED ..... 19..... Registrar.

VS 3

Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1937 to Sept 8 9, 1937

I last saw h. alive on Sept 8 9, 1937. Death is said to have occurred on the date stated above, at 845 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Aug 1937
Pulmonary Edema	Aug 25

Other contributory causes of importance:

Was an operation performed? No Date of Aug 20 1937

For what disease or injury? Benign Prostatic Hypertrophy

Name of operation Perineal Prostatectomy

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carl E Burkland M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38950

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38950

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 Allegheney pl St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jeeny Elliott

If U. S. Veteran specify WAR

(a) Residence: No. 711 Allegheney pl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

5a. If married, widowed, or divorced (or) WIFE of Robert Elliott

6. DATE OF BIRTH (month, day, year) Feb. 12, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 8-1917

11. Total time (years) spent in this occupation 6 yrs 20

12. BIRTHPLACE (city or town) (State or country) Dorchester Co. Maryland

FATHER

13. NAME John Cromwell

14. BIRTHPLACE (city or town) (State or country) Dorchester Co. Maryland

MOTHER

15. MAIDEN NAME Sarah Emmella Henry Cromwell

16. BIRTHPLACE (city or town) (State or country) Dorchester Co Maryland

17. INFORMANT Estella Bipps

(Address) 711 Allegheny pl

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Sept 10th 1937

19. UNDERTAKER Archibald Gladden

(Address) 2101 M E Church Ave

20. FILED SEP 10 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1934 to Sept 7, 1937

I last saw her alive on Sept 7, 1937 Death is said to have occurred on the date stated above, at 9.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	8-9-37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Signs & Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John E. T. Gunther, M. D.

(Address) 639 N. Carey St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P SEP 10 1937

38951 HEALTH DEPARTMENT—CITY OF BALTIMORE 38951

CERTIFICATE OF DEATH

V 119

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3821 Int Pleasant St., Ward 8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John F. Ena

(a) Residence: No. 3821 Int Pleasant St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 20, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Anthony Ena

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Agata Santoni

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Father Anthony Ena

(Address) 3821 No Pleasant st

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept 10 1937

19. UNDERTAKER Frank V. Capitone

(Address) 2818 E. Baltimore St

20. FILED SEP 10 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 1937 to Sept 8 1937

I last saw h... alive on Sept 8 1937 Death is said to have occurred on the date stated above, at 8:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdom Infections	1 week

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify

(Signed) H. L. Marr M. D.

(Address) 816 Cathedral St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38952 CERTIFICATE OF DEATH X 4/27 F 38952

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Maryland General Hospital St., 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. William T. Bosley

If U. S. Veteran specify WAR

(a) Residence: No. Corbett, Maryland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Beatrice Bosley

6. DATE OF BIRTH (month, day, year) April 8, 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
92	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad (P.R.R.)

10. Date deceased last worked at this occupation (month and year) Dec. 1897

11. Total time (years) spent in this occupation 73

12. BIRTHPLACE (city or town) (State or country) Monkton Maryland

FATHER

13. NAME Benj. Bosley

14. BIRTHPLACE (city or town) (State or country) Monkton Maryland

MOTHER

15. MAIDEN NAME Maria Elliot

16. BIRTHPLACE (city or town) (State or country) Whitehead Maryland

17. INFORMANT Mrs. Wm. T. Bosley (Address) Corbett, Md.

18. BURIAL, CREMATION, OR REMOVAL. Place Clynmalira Date Sept 12 1937

19. UNDERTAKER Wm. E. Brooks & Son (Address) Sparks, Md.

20. FILED SEP 13 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ~~Sept.~~ 10 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27 . 1937 to Sept. 10 . 1937

I last saw h. in alive on Sept. 10 . 1937 Death is said to have occurred on the date stated above, at 6.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostate hypertrophy with urinary retention	Aug. 1937
Senility	1932

Was an operation performed? no Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify City or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to ~~occupation~~ of deceased?

If so, specify

(Signed) R. L. Edwards M.D.

(Address) Md. Gen'l. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. R. 1268-9

F 38953 HEALTH DEPARTMENT—CITY OF BALTIMORE F 38953

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH 219 W. Lorraine Ave. 12-7 Registered No. ...

CITY OF BALTIMORE: (No. ... St., 12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick Wm. Ditzel

(a) Residence: No. 219 W. Lorraine Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced: HUSBAND of ~~or WIFE of~~ Alice L. Ditzel

6. DATE OF BIRTH (month, day, year) Aug. 21, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Nicholas Ditzel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Weitz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Victor Bonnaduce

(Address) 219 W. Lorraine Ave.

18. BURIAL, CREMATION, OR REMOVAL.

Place Baltimore Cem. Date Sept 13 19 37

19. UNDERTAKER John Ulrich

(Address) 200 Arlington

20. FILED SEP 11 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9, 1937

22. I HEREBY CERTIFY, That I Attended deceased from April 7, 1937, to Sept. 9, 1937

I last saw h[illegible] alive on Sept. 5, 1937. Death is said to have occurred on the date stated above, at 8:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	9/5/37
Acute pulmonary oedema	

Other contributory causes of importance:

arterio-sclerosis	?
hypertension	?
chronic nephritis	

Name of operation — Date of —

What test confirmed diagnosis? physical findings Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) L. C. Tobikal M. D.

(Address) 447 N. Kenwood Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38954

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38954

CERTIFICATE OF DEATH

1. PLACE OF DEATH 3822 Greenmount Ave 182-a Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John L. Mills If U. S. Veteran specify WAR .....

(a) Residence: No. 3822 Greenmount Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write word)
Male	White	~~Married~~

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Blanche A Mills

6. DATE OF BIRTH (month, day, year) July 11, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk in Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME John L. Mills

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Ann Bowles

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Mary A. Mills (Address) 3822 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Sept 11, 37

19. UNDERTAKER Wm J. Tickner & Sons (Address) North & Pa. ave

20. FILED SEP 10 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... and that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism (Pulmonary)	9/9/37
Other contributory causes of importance: Fracture of Left leg & arm	9/5/37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation Dr Garfield Hospital Date of 9/7

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/5, 1937

Where did injury occur? Washington
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home falling down stair in Alabon apartmen

Manner of injury .....

Nature of injury Fracture of arm & leg

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John A Evans, M. D.
Coroner

(Address) Coroner

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38955

CERTIFICATE OF DEATH

F 38955

Registered No. 182-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 N. Robinson St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary E. Spence

(a) Residence: No. 624 N. Robinson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Joseph Spence

6. DATE OF BIRTH (month, day, year) Feb. 18 1870

7. AGE: Years 67 | Months 6 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City of Baltimore

FATHER

13. NAME Albert H. Thomas

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret A. Eskridge

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Joseph Spence Jr. 624 N. Robinson St

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore County Date Sept 11, 1937

19. UNDERTAKER (Address) John F. Dugan 3000 E. Baltimore St

20. FILED SEP 10 1937, 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 1934 to Sept 8 1937

I last saw h alive on Sept 8, 1937 Death is said to have occurred on the date stated above, at 4.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism 114a	Sept 8, 37
Auricular fibrillation 52a	?
Arteriosclerosis 97	?

Other contributory causes of importance:

Cerebral Hemorrhage 934	1 Hour ago
Hypertension 127	?

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Alex P. Schmidt M. D.

(Address) 1939 E. Oliver St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

38956 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 38956

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St., 1 - W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph · Curtis Gilbert

If U.S. Veteran specify WAR

(a) Residence: No. 33 S. Potomac St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single.

6. DATE OF BIRTH (month, day, year): Dec 29, 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Senior Bridge Draftsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Draftsman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Andrew J. Gilbert

14. BIRTHPLACE (city or town) (State or country): Balto.

MOTHER

15. MAIDEN NAME: Mary C. Brady.

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Andrew J. Gilbert

(Address) 33 S. Potomac St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Sept 11, 1937

19. UNDERTAKER: John A Inman

(Address) 3000 E. Baltimore St

20. FILED SEP 10 1937, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1937 to Sept 8, 1937

I last saw him alive on Sept 8, 1937. Death is said to have occurred on the date stated above, at 10 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1 wk

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert E. Redman, M. D.

(Address) St Joseph's Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 38957

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

192-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 428 E. Randall St., 24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 77 yrs. ... mos. ... ds.

2. FULL NAME John B. Melley

(a) Residence: No. 428 E. Randall St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katherine Melley

6. DATE OF BIRTH (month, day, year) March 30-1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Michael Melley

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kunegunda Gullmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Matilda Friedmann

(Address) 428 E. Randall St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Date Sept. 11. 1937

19. UNDERTAKER Elizabeth Harle (Inc.)

(Address) 115 E. West St.

20. FILED SEP 10 1937, 19 ...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1937 to Sept 9, 1937

I last saw him alive on Sept 8, 1937 Death is said to have occurred on the date stated above, at 1:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Chr Valvular Endocarditis and Myocarditis	

Other contributory causes of importance

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19 ...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John A. Schwenck, M. D.

(Address) 1337 S. Chambers St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

38958

HEALTH DEPARTMENT—CITY OF BALTIMORE

38958

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., 12-6 Ward)

Registered No. 958

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George A. Butt

If U. S. Veteran specify WAR World War

(a) Residence: No. Philadelphia Rd. & Rustic Ave. St., ... Ward. Essex, Maryland.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara M. Hacker Butt

6. DATE OF BIRTH (month, day, year) June 18, 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iceman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Worked for self

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Jacob J. Butt

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

MOTHER

15. MAIDEN NAME Robertine Isley

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT Records- U. S. Marine Hospital,
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Butt Acteance Date 9/11/37 19

19. UNDERTAKER Leonard F. Funk.
(Address) 5705 Harford Rd.

20. FILED ..... 19 ..... Registrar.

SEP 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 28, 1937, to September 8, 1937.

I last saw him alive on September 8, 1937. Death is said to have occurred on the date stated above, at 7:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, dilatation	1923
Thrombosis, pulmonary	9-7-37
Thrombosis, aortic	"
Thrombosis, left renal vein	"
Other contributory causes of importance:	
Thrombosis, cardiac, left ventricle	"
Cardiac disease, hypertrophy	1923

Was an operation performed? No Date of None

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. D. Lawrence, M. D.
(Address) U. S. Marine Hospital, Balto. Md.

F

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

Kihn

F 38959 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 38959

CERTIFICATE OF DEATH

46-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 E. 24th St., 9-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ferdinand C Mihn

If U. S. Veteran specify WAR .....

(a) Residence: No. 309 E 24th St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adelaide C Mihn

6. DATE OF BIRTH (month, day, year) Dec 9-1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Mihn

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Barbara Handle

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Adelaide Mihn

(Address) 309 E. 24th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cemetery Date 9/13, 1937

19. UNDERTAKER Leonard Krupp

(Address) 53 S Harford Rd

20. FILED SEP 10 1937, 19 ..... Registrar. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-9, 1937

22. I HEREBY CERTIFY, That I attended deceased from May, 1937, to Sept 7, 1937

I last saw him alive on Sept 7, 1937. Death is said to have occurred on the date stated above at Sept 9 at 1.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	1936
Other contributory causes of importance: Myocarditis	

Was an operation performed? Yes Date of Mon. Mem. Hospt

For what disease or injury? June 1937

Name of operation Mon. Mem. Hospt Records

What test confirmed diagnosis? Yes Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide ..... Date of injury ....., 19

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J S Handley, M. D.

(Address) 1436 E. 25th St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38960

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38960

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers of America Hospital St., 24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Homer

If U.S. Veteran specify WAR .....

(a) Residence: No. None St., 1214 W. Baltimore St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 7, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			3 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edward Homer

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Emma May Poyner

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mother

(Address) 1214 W. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date SEP 10 1937

COMMISSIONER OF HEALTH

19. UNDERTAKER Per H. A. Moore

(Address)

SEP 10 1937

Washington Wilkerson, M.D.

3485

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1937 to Sept 10, 1937

I last saw h[illegible] alive on Sept 10 1937 Death is said to have occurred on the date stated above, at 3:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra Cranial Hemorrhage	Sept 7
Atelectasis Lobe.	Sept 7
Prematurity	

Other contributory causes of importance

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward M. Hammond M. D.

(Address) 714 W. Lexington St

Vol. of America Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

145-aF 38961

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St., 16-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amelia Schane

If U.S. Veteran specify WAR ....

(a) Residence: No. 3012 Brendon Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Schane

6. DATE OF BIRTH (month, day, year) Jan. 5- 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ....

10. Date deceased last worked at this occupation (month and year): ....

11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Kresslein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Thanner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Robert Schane (husband)

(Address) 3012 Brenden Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cem. Date Sept 11 1937

19. UNDERTAKER Lilly & Zeiler INC.

(Address) 403 N Wolfe St Baltimore Md

20. FILED SEP 10 1937 Huntington Wilhelm Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Sept 8 1937

22. I HEREBY CERTIFY, That I attended deceased from August 13 1937 to Sept. 8 1937

I last saw her alive on Sept 8 1937. Death is said to have occurred on the date stated above, at 4 30/P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Partum Septicemia	8-14-37
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

(Spontaneous delivery 8-13-37

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Gilbert E Redman M. D.

(Address) St Josephs Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9.

Grave No. 23 F 38962

F 38962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Boyers Wharf 2300 St., Boston Ward)

Registered No. 183

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Unknown

If U. S. Veteran specify WAR ...

(a) Residence: No. Unknown St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	unk

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) about 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unk

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Police Records (Address) N. E. District

18. BURIAL, CREMATION, OR REMOVAL Place PUBLIC CEMETERY Date SEP 10 1937 19

19. UNDERTAKER Commissioner of Health (Address) Per H. A. Moore

Lexington Hill

P 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-3 19 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	9/3/37

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Inflammation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury 9 3 37

Where did injury occur? Boyers Wharf (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place public place

Manner of injury Was found floating

Nature of injury in water

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) George S. Allen, M. D.

(Address) 510 Augusta St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38963

F 38963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1526 N.Mount St. St. 15-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hattie Bazemore

If U. S. Veteran specify WAR .....

(a) Residence: No. 1526 N.Mount St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Copel Bazemore

6. DATE OF BIRTH (month, day, year) Feb. 4, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Thomas Bazemore

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Lucy Watson

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Copel Bazemore

(Address) 1526 N.Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place Windsor, N.C. Date Sept 12, 37

19. UNDERTAKER Mrs Katie B Billups

(Address) 22 E Edmondson Ave

EP 10 1937 Huntington Pittsburgh Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) G. R. C. Clin, M. D.

Coroner

(Address) 2757 W Lafayette

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B 1268-9

E 38964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2444 McCulloh St. 13-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Edward Dickson

If U. S. Veteran specify WAR .....

(a) Residence: No. 2444 McCulloh St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Blanche Dickson

6. DATE OF BIRTH (month, day, year) 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cafe.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME James Edward Dickson

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

MOTHER

15. MAIDEN NAME Katie Dorsey

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Mrs Blanche Dickson

(Address) 2444 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Sept 13, 1937

19. UNDERTAKER Mr Katie R. Williams

(Address) 3221 Schroeder St

20. FILED SEP 13 1937 for Williams Bros

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	1937

Other contributory causes of importance:

Was an operation performed? none Date of .....

For what disease or injury? none

Name of operation ..... Date of .....

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George L. Allen M. D.
Coroner

(Address) 507 Cathedral St

P.S.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

F 38965

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38965

CERTIFICATE OF DEATH

93-e

Registered No. 15-10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4005 Penhurst Ave. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 89 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Louisa Greacen

(a) Residence: No. 4005 Penhurst Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas F. Greacen

6. DATE OF BIRTH (month, day, year) Feb. 24, 1848

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	89	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME Frederick Hoburg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ----

16. BIRTHPLACE (city or town) (State or country) ----

17. INFORMANT Mr. Henry F. Carstens
(Address) 4005 Penhurst Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem. 9/10/37

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED SEP 10 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/8/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24 19 37 to Sept 8 19 37

I last saw her alive on Sept 8 19 37 Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of Importance were as follows:

	Date of onset
Generalized arteriosclerosis	1932
Chronic myocarditis	1934
Cardiac insufficiency	1937.
Cardiac failure	9/5/37.

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Ernest Knop M. D.

(Address) 3030 Edmondson Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38966

CERTIFICATE OF DEATH

F 38966

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Park Ave. St. 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 92 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lavinia Hoffman

If U. S. Veteran specify WAR .....

(a) Residence: No. 1615 Park Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Hoffman

6. DATE OF BIRTH (month, day, year) 1/1/45

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
92	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. wood

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Hush

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Hannah Forsyth

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Edna S. Halderman

(Address) 1615 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date 9/11/37

19. UNDERTAKER John O. Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED SEP 10 1937 Registrar

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/9/1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6 1937 to Sept. 9 1937

I last saw her alive on Sept. 6 1937. Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/9/1937

Other contributory causes of importance: —

Sen. Arterial changes —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. F. Robinson M. D.

(Address) Medical Arts. Bldg.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 38967

F 38967

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, Md. Registered No.

CITY OF BALTIMORE: (No. St., 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William McFarlane If U. S. Veteran specify WAR World War

(a) Residence: No. 1223 N. Bentalou St. St., Ward.
(Usual place of abode) Baltimore, Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Levey McFarlane

6. DATE OF BIRTH (month, day, year) Oct. 13, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. xxxxxxxxxxxxx

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plasterer

10. Date deceased last worked at this occupation (month and year) 1-11-37

11. Total time (years) spent in this occupation 34 yrs xxxxxx

12. BIRTHPLACE (city or town) (State or country) Glascow, Scotland

FATHER

13. NAME John McFarlane

14. BIRTHPLACE (city or town) (State or country) Glascow, Scotland

MOTHER

15. MAIDEN NAME Mary Stuart

16. BIRTHPLACE (city or town) (State or country) Glascow, Scotland

17. INFORMANT (Address) Records- U.S. Marine Hospital, Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Arlington Nat'l. Cem. Place Arlington, Va. Date Sept. 11" 37

19. UNDERTAKER (Address) 1003 W. Baltimore St.

20. FILED SEP 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1937, 19..., to September 8, 1937

I last saw him alive on September 8, 1937 Death is said to have occurred on the date stated above, at 5:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver, bile duct type	unknown
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. Laurence, M. D.

(Address) U. S. Marine Hospital, Balto., Md.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38968 HEALTH DEPARTMENT—CITY OF BALTIMORE #24885

F 38968 Sr

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Tudor

If U. S. Veteran specify WAR

(a) Residence: No. no home St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/31/1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
82	82	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Conn.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL [illegible] 9/10 37

19. UNDERTAKER [illegible]

(Address) [illegible]

[illegible] SEP 10 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1937 to September 5, 1937

I last saw h[illegible] alive on September 5, 1937. Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	8-2-37
Other contributory causes of importance:	
Hypertensive heart disease	1933

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lasalle M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38969

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38969

CERTIFICATE OF DEATH

8457 (MB) 9-95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 22-2345 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Walter Harris

(a) Residence: No. 547 S. Paca St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 7/4/1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME Frank

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Mexico

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Sacred Heart Sept 10 1937

19. UNDERTAKER [illegible]
(Address)

20. FILED SEP 10 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 2 1937 to September 6 1937

I last saw him alive on September 6 1937. Death is said to have occurred on the date stated above, at 4.50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardiovascular disease	1935
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. J. de Lautelle M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 38970

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38970

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital. 6-1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. — mos. — ds. How long in U. S. If of foreign birth 37 yrs. — mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Constantine Minadakis.

(a) Residence: No. 29 N. Streeper St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~XXXXXXXXXXXX~~ Frazi Minadakis.

6. DATE OF BIRTH (month, day, year) May 21, ~~1880~~ 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	~~57~~	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece.

FATHER

13. NAME Michael Minadakis.

14. BIRTHPLACE (city or town) (State or country) Greece.

MOTHER

15. MAIDEN NAME Anna ----------

16. BIRTHPLACE (city or town) (State or country) Greece.

17. INFORMANT Helen Katsaros. (daughter)

(Address) 1536 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Sept 11. 1937

19. UNDERTAKER Frank V. Pistone

(Address) 2818 E. Balto St.

SEP 11 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	
Other contributory causes of importance	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Thos. Kenland M. D.

Coroner

9/9/37 (Address) 1017 S. Charles St.

P 10 1937

V S 6

N. B.—WRITE PLAINLY with pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 38971

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38971

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1924 Kennedy Avenue St., 9-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ann Genevieve Pendergast

If U. S. Veteran specify WAR

(a) Residence: No. 1924 Kennedy Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Patrick Pendergast

14. BIRTHPLACE (city or town) (State or country) Liverpool Ireland

MOTHER

15. MAIDEN NAME Ellen Brennen

16. BIRTHPLACE (city or town) (State or country) Richmond, Virginia

17. INFORMANT Miss Mary Pendergast

(Address) 1924 Kennedy Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Sept. 11, 37

19. UNDERTAKER Mary M. Stufeld & Bro

(Address) 506 E 22nd St

20. FILED ---, 19--- Registrar.

EP 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/9/ , 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1 1937 to Sept 9 1937

I last saw her alive on Sept 9 1937 Death is said to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast — Date of onset Sept 1936

Other contributory causes of importance:

Metastasis to Lungs & Liver

Was an operation performed? Yes Date of May 10 1937

For what disease or injury? Carcinoma of Breast

Name of operation Removal of Breast

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. A. Lacky M. D.

(Address) 3517 Edmondson Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VR 5

F 38972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 38972

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial St., (Ward) [illegible]

Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. 3 ds. How long in U. S. If of foreign birth? [illegible] yrs. [illegible] mos. [illegible] ds.

2. FULL NAME Mr. Edward William Hughes

If U. S. Veteran specify WAR [illegible]

(a) Residence: No. Whiteford, Md St., [illegible] Ward. [illegible]

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
WM	W	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ Mary Frances Hughes

6. DATE OF BIRTH (month, day, year) June 26, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, [illegible] hrs. or [illegible] min.
	68	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Hugh W. Hughes

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Catherine Jones

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Mary F Hughes (Address) Whiteford Md.

18. BURIAL, CREMATION, OR REMOVAL Place State Ridge Date Sept 1937

19. UNDERTAKER Hyatt P. Harkins (Address) Delta Pa.

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-10-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 9-2-37. 19 to 9-10-37. 19

I last saw h[illegible] alive on 9-10-37 19 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Volvulus; Ruptured gangrenous appendix	9-5-37
Bilateral bronchopneumonia	9-9-37
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? Yes Date 9-8-37

For what disease or injury? Volvulus, Ruptured gangrenous appendix

Name of operation Release of volvulus, appendectomy, cecostomy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? [illegible] Date of injury [illegible] 19

Where did injury occur? [illegible] (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place [illegible]

Manner of injury [illegible]

Nature of injury [illegible]

24. Was disease or injury in any way related to occupation of deceased? [illegible] If so, specify [illegible]

(Signed) Frank M. Weaver M. D.

(Address) Union Memorial Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 10 1937

W

F 38973

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38973

CERTIFICATE OF DEATH

188

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 1 – 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Charles Hodges

(a) Residence: No. 2213 Canary Court St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 5 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Charles V. Hodges

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Madeline Stein

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Mrs. Chas. V. Hodges
(Address) 2213 Canary Court

18. BURIAL, CREMATION, OR REMOVAL.
Place Baltimore Date 9/11 1937

19. UNDERTAKER Wilson Corbin & Co
(Address) 1210 N. Charles

20. FILED ..... 19 ..... Registrar.

SEP 11 1937

Washington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of Right Leg.	

Other contributory causes of importance:
Septic pneumonia

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/7 1937
Where did injury occur? Near 2213 Canary Ct. Balto, Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public place
Manner of injury Was sitting in right large
Nature of injury toe by cat.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Schenker M. D.
Coroner
(Address) 1912 E. Monument Ave.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38974

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38974

CERTIFICATE OF DEATH

Maryland Gen Hospital

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 8 Ward)

Registered No. 53-E

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Block

If U. S. Veteran specify WAR

(a) Residence: No. 1806 N. Collington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Block

6. DATE OF BIRTH (month, day, year) Dec. 17, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Block

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Feister

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Anna P. Block

(Address) 1806 N. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date 9 13 37

19. UNDERTAKER Wm Cook

(Address) 1214 E. Baltimore

20. FILED SEP 11 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1937 to Sept 10, 1937

I last saw her alive on Sept 8, 1937 Death is said to have occurred on the date stated above, at 3:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Thyroid	
Pneumonia	9.9.37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. P. Curtwright Jr. M. D.

(Address) Md. Gen Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(F 38975

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38975

CERTIFICATE OF DEATH

V 534

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1437 Cookie St. 24-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Bild

If U. S. Veteran specify WAR

(a) Residence: No. 1437 Cookie St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mathilda Bild

6. DATE OF BIRTH (month, day, year) Sept. 5. 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME John Bild

14. BIRTHPLACE (city or town) (State or country) Austria Hungary

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mathilda Bild
(Address) 1437 Cookie St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 9/1 1937

19. UNDERTAKER Tillson & Co
(Address) 1217 E. Fayette St

20. FILED 19 Registrar.

P 9 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8 1937

22. I HEREBY CERTIFY, That I attended deceased from March 24th., 1937 to Sept. 8, 1937

I last saw him alive on Sept. 7, 1937 Death is said to have occurred on the date stated above, at 7:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gland carcinoma of the rite side of neck with general metastases (inoperable).	?
Other contributory causes of importance:	
Cachexia	8/15/37

Was an operation performed? no Date of - - -

For what disease or injury? - - -

Name of operation - - - -

What test confirmed diagnosis? biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Heidel M. D.

(Address) 1224-1226 Hanover St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT CITY OF BALTIMORE

✓ 4803 Parkside Ave

38976

CERTIFICATE OF DEATH

93-CF 38976

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) 3323 Virginia Ave St., 27-16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pearl E. Margolis

If U. S. Veteran specify WAR

(a) Residence: No. 3323 Virginia St., Ward.

(Usual place of abode) Life (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: David Isador Margolis

6. DATE OF BIRTH (month, day, year): July 11-1895

7. AGE: Years 42; Months 1; Days 29; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Balto Md

FATHER

13. NAME: George Loyn

14. BIRTHPLACE (City or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: Jessie Folson

16. BIRTHPLACE (City or town) (State or country): Virginia Ave

17. INFORMANT: Alice V. Brandt Liberty Heights Rockdale

18. BURIAL, CREMATION, OR REMOVAL: Pikesville Sept 13 37

19. UNDERTAKER: William Cook (Address) 1217 St Paul St

20. FILED Sept 13, 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 1937 to Sept 10 1937

I last saw her alive on Sept 9 1937. Death is said to have occurred on the date stated above, at 8:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/10/37

Other contributory causes of importance:

Myocarditis	?

Was an operation performed? — Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, (specify)

(Signed) John D Balat M. D.

(Address) 4803 Park Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 1937

H

HEALTH DEPARTMENT—CITY OF BALTIMORE

38977 38977

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 S. Stricker St. 19-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret P. Perry If U. S. Veteran specify WAR

(a) Residence: No. 27 S. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Joseph Perry

6. DATE OF BIRTH (month, day, year) Feb. 15 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George T. Starke

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna B. Wenner

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Marie Schoenig (Sister) (Address) 3430 Belair Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Date 9/13/37. 19

19. UNDERTAKER Leon F. Kutzke (Address) 4101 Edmondson Ave.

20. FILED SEP 11 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1937, to Sept. 10, 1937

I last saw h. alive on Sept. 10, 1937 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/10/37
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. W. Flemming M. D.

(Address) 2000 Harlem Ave.

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information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

38978 E 38978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 11-3 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 27 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John H Drach MD

If U. S. Veteran specify WAR .....

(a) Residence: No. Cockeysville, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary I Drach

6. DATE OF BIRTH (month, day, year) Aug 7, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 56

12. BIRTHPLACE (city or town) (State or country) Hampstead, Md.

FATHER

13. NAME Dr. John Hanson Drach

14. BIRTHPLACE (city or town) (State or country) Hampstead Md.

MOTHER

15. MAIDEN NAME Ellen Lamotte

16. BIRTHPLACE (city or town) (State or country) Hampstead Md.

17. INFORMANT Son - John H. Drach
(Address) Cockeysville, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Black Rock Date Sept 14 1937

19. UNDERTAKER Wm. C. Brooks & Son
(Address) Sparks, Md

20. FILED SEP 11 1937 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1937, to Sept 11, 1937

I last saw h.. alive on Sept 11, 1937, 19..... Death is said to have occurred on the date stated above, at 4 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	

Other contributory causes of importance:

Myocarditis

Was an operation performed? Yes Date of 8/27/37

For what disease or injury? Prostatic Hypertrophy Benign

Name of operation Perineal Prostatectomy

What test confirmed diagnosis? Cystoscopy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) A. F. Johnston Jr. M. D.

(Address) Maryland General Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

38979 E 38979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., 21-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs..... mos.....ds. How long in U. S. If of foreign birth? .....yrs.....mos.....ds.

2. FULL NAME Catherine Boone

(a) Residence: No. 437 Henrietta St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 3, 1937 (?)

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
—	1	36 ?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME Robert Boone

14. BIRTHPLACE (city or town) South Carolina
(State or country)

MOTHER

15. MAIDEN NAME Elanor Wallace

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Hospital Records & Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cemty Date Sept 12 . 1937

19. UNDERTAKER Walter C. Jones
(Address) 1394 W. Lanvale St.

20. FILED SEP 14 1937 . 19....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 . 1937 to Sept 10 . 1937

I last saw h/M alive on Sept 9 . 1937. Death is said to have occurred on the date stated above, at 8:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Non-Infectious Diarrhea	
Dehydration	
Other contributory causes of importance:	
Prematurity	

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... . 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. E. Beard M. D.

(Address) U. of M. Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

38980 E

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38980

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 16-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amos E. Handley Sr

If U.S. Veteran specify WAR .....

(a) Residence: No. 2211 W. Lafayette Ave, ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret B. Handley

6. DATE OF BIRTH (month, day, year) Nov 30 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baltimore Transit Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machinist

10. Date deceased last worked at this occupation (month and year) June 17 1931

11. Total time (years) spent in this occupation 39 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Amos S Handley

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Knapp

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Miss Julia V Handley

(Address) 2211 W Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Sept 13 1937

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave

20. FILED Huntington Wilkinson

EP 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1937 to Sept 10, 1937

I last saw him alive on Sept 10, 1937. Death is said to have occurred on the date stated above, at 5 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Hypertrophy	?
& Urinary Obstruction	?
Other contributory causes of importance:	
Hemiplegia	6 yrs
Uremia	?

Was an operation performed? Yes Date of —

For what disease or injury? —

—

—

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert E. Redman, M. D.

(Address) St. Joseph's Hospital

X F 38981

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38981

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 E Eager — St. 11-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. 10 mos. 27 ds. How long in U. S. If of foreign birth 85 yrs. 10 mos. 27 ds.

2. FULL NAME Amelie Marburg

If U. S. Veteran specify WAR NONE

(a) Residence: No. 6-E-Eager St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Oct 13 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William A Marburg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christine Mynder

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Theo. Marburg (Dr.)

(Address) 6-E-Eager St

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Olivet Date Sept 11 37

19. UNDERTAKER Stewart Memorials Co.

(Address) 1001 Pennsylvania Ave

Huntington West Virginia

SEP 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-9 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to 9-9 ....., 1937

I last saw her alive on 9-8 ....., 1937 Death is said to have occurred on the date stated above, at 10.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BRONCHOPNEUMONIA	9-3-37
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John A. Dorsey M. D.

(Address) 1129 St Paul St

S. E.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38982

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38982

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3604 Rosedale Rd 15-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 0 mos. 7 ds. How long in U. S. If of foreign birth 68 yrs. 0 mos. 7 ds.

2. FULL NAME Bertha Hopkins Hann

If U. S. Veteran specify WAR NONE

(a) Residence: No. 3604 Rosedale Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Hann

6. DATE OF BIRTH (month, day, year) Sep. 2-1869

7. AGE — Years 68 | Months 0 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William L Stopkins

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anna Eliza Reese

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs F. D. Hall (sister)
(Address) Reisterstown P.O - Md.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Sept 11/ 1937

19. UNDERTAKER Stewart & Mowatt Co.
(Address) 1061 N Howard ave.

20. FILED SEP 11 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 1937 to Sept 8 1937

I last saw her alive on Sept 8 1937 Death is said to have occurred on the date stated above, at 1.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acidemia Cerebral Hemorrhage	Sept 7 1937
Senile Cerebral Hemorrhage	Sept 7 1937
age	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Evans M. D.

(Address) 612 W 40

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 38983

1. PLACE OF DEATH Johns Hopkins Hospital — Registered No. [illegible]

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Bridges — If U. S. Veteran specify WAR .....

(a) Residence: No. Easton St., ... Ward. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Jessie Bridges

6. DATE OF BIRTH (month, day, year) June 7-1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm. J. Bridges

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Jessie Thompson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Easton, Md. Date Sept 17 1937

19. UNDERTAKER James A. Spence
(Address) Easton, Md

20. FILED SEP 11 1937 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1937 to Sept 10, 1937

I last saw him alive on Sept 10, 1937. Death is said to have occurred on the date stated above, at 7.05 A m.

The principal cause of death and related causes of importance were as follows:

Appendicitis; gangrene of tip of a high retrocecal appendix; retroperitoneal abscess; subdiaphragmatic abscess; liver abscesses, multiple. — Original onset July, 1937

Other contributory causes of importance:

Pleural effusion, right. — Aug. 1937

Was an operation performed? Yes Date of Sept. 4, 1937

For what disease or injury? Subdiaphragmatic abscess

Name of operation Incision and drainage of subdiaphrag. abscess

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter B. Brack, M. D.

(Address) John Hopkins Hosp

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 38984

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38984

CERTIFICATE OF DEATH

183

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 8-1 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth O Gross

If U. S. Veteran specify WAR .....

(a) Residence: No. 840 W Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11-28-1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Henry Gross

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Estella Price

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Estella Johnson (Address) 840 W Saratoga

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Sept 14 1937

19. UNDERTAKER James A Hayes (Address) 142 W Lee St

20. FILED SEP 11 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest I find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	Sept 9/1937

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Victim Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Sept 9, 1937

Where did injury occur? Swimming Pool
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Was drowned while swimming

Nature of injury with 3 friends

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George S. Allen M. D.
Coroner

(Address) 809 Augusta St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 38985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 38985

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lurman Hospital St., 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Aubrey E. Hammond Jr

If U. S. Veteran specify WAR

(a) Residence: No. Ferndale Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 28-1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Aubrey E. Hammond

14. BIRTHPLACE (city or town) (State or country) Ferndale Md

MOTHER

15. MAIDEN NAME Cora Cuba

16. BIRTHPLACE (city or town) (State or country) Hanover Md

17. INFORMANT Mrs Cora Hammond
(Address) Ferndale Md

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Sept 12 1937

19. UNDERTAKER James A Sayers
(Address) 1926 W Pratt St

20. FILED SEP 11 1937 Harrington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchio Pneumonia	Sept 7 1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen, M. D. Coroner

(Address) 50 Congress St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38986

CERTIFICATE OF DEATH

82B F 38986

1. PLACE OF DEATH South Balto. Gen Hosp.

CITY OF BALTIMORE: (No. ..... St., 1-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Paul Napoleon Laniewski

If U. S. Veteran specify WAR .....

(a) Residence: No. 2513 Fait Ave St., ... Ward.

(Usual place of abode) Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Tekla Laniewski

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 51 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Joseph Laniewski

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Tekla Laniewski

(Address) 2513 Fait ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date 9/13 37

19. UNDERTAKER: John J Duda

(Address) 538 Hudson st

SEP 14 1937

19.....

Registrar.

St. Augustine Fla

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1937 to Sept 10, 1937

I last saw him alive on Sept 10, 1937. Death is said to have occurred on the date stated above, at 11 35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal bronchopneumonia bilateral	8/15/37
Cerebral embolism	9/3/37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Louis J Krolle, M. D.

(Address) South Balto. Gen. Hosp.

X. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 38987 HEALTH DEPARTMENT—CITY OF BALTIMORE F 38987

CERTIFICATE OF DEATH 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4012 Overlea Ave St.; 27-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Walker

(a) Residence: No. 4012 Overlea ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chris T. Walker

6. DATE OF BIRTH (month, day, year) Oct. 5th 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Christian Mekel

14. BIRTHPLACE (city or town) Unknown (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Baltzassen

16. BIRTHPLACE (city or town) Unknown (State or country) Germany

17. INFORMANT Mr. Chris T. Walker

(Address) 4012 Overlea Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept. 10, 37

19. UNDERTAKER Pratt Lyndon Corp

(Address) 7401 Cedar Road

20. FILED 19 Huntington Williams

SEP 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10th 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 4th 1937 to Sept 10th 1937

I last saw her alive on Sept 8th 1937 Death is said to have occurred on the date stated above, at 12.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	6 yrs. 1931
Other contributory causes of importance: Myocardial insufficiency	Sept 8th 1937

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward W Benson M. D.

(Address) 1W. Overlea ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

X F 38988

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 38988

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Johns Hopkins Hospital

Registered No.

CITY OF BALTIMORE: (No.) St., 2-1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Akrommites

If U. S. Veteran specify WAR

(a) Residence: No. 310 S. Fremont ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-21-15

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Both Steel

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fab. Iron & Steel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 13, 1937

19. UNDERTAKER John Grybiauckas
(Address) 423 S. Paca St.

20. FILED SEP 14 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1937 to Sept 8, 1937

I last saw h. alive on Sept 8, 1937 Death is said to have occurred on the date stated above, at 10:18 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	4 days
Other contributory causes of importance: Chronic rheumatic heart disease both aor and mitral insufficiency	

Was an operation performed? 0 Date of 0

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? 0

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. F. Jones Jr. M. D.

(Address) The Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 38989

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38989

94a CC

CERTIFICATE OF DEATH

1. PLACE OF DEATH Home

Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1904 E. Pratt St., 2-1 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophie Tuschik

If U. S. Veteran specify WAR

(a) Residence: No. 1904 E. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Luka Tuschik

6. DATE OF BIRTH (month, day, year) Feb. 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) Sept 9 1937

11. Total time (years) spent in this occupation 0037

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Luka Tuschik
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 14 1937

19. UNDERTAKER John Grzbiancka
(Address) 423 S. Paca St

20. Filed SEP 17 1937 Huntington Williams, Registrar

VS 6

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	June 1937
Other contributory causes of importance: Several previous attacks	June 1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood, M. D.
Coroner

(Address) 1712 N. Broadway

F 38990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 School St. St., 15-1 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Roosevelt White

If U. S. Veteran specify WAR .....

(a) Residence: No. 1410 School St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie White

6. DATE OF BIRTH (month, day, year) Aug. 4, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Ralph White

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mancie Pollard

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Marie White

(Address) 1410 School St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Sept 12 19 37

19. UNDERTAKER V. A. Brooks

(Address) 1423 N. Carey St.

20. FILED ... 19 ... Registrar

SEP 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) ... M. D.

(Address) ... Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38991

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 16-7 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Evans

If U. S. Veteran specify WAR

(a) Residence: No. 1116 N. Carey St St., Ward. Balto 2

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: 6-18-1902

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 36 | Months 2 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): 1940

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Richard

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Malvina Johnson

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Records. (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9-11 1937

19. UNDERTAKER: George F. Nelson

(Address) 1303 Pennsylvania ave

20. FILED SEP 11 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 31st, 1937 to Sept 9th 1937

I last saw him alive on Sept 9th 1937 Death is said to have occurred on the date stated above, at 3:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia due to obstruction of ureters by inflammatory process in bladder wall & prostate resulting in hydronephrosis.	Aug 24, 37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter B. Bunch M. D.

(Address) Johns Hopkins Hosp.

TO BE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38992 F 38992

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1945

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital

Length of residence in city or town where death occurred 13 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ernest Taylor.(c) 15-1

(a) Residence: No. 1515 Baker St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, XXXXXXXXXXX HUSBAND of XXXXXXXXX Lavoss Taylor.(c)

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Longshoreman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0074

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Herman Taylor.(c)

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME Matilda Hamon.(c)

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Lavoss Taylor.(c) wife.

(Address) 806 N. Carrollton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Rudenville Va Date 9/11 37

19. UNDERTAKER Thomas E. Kelson

(Address) 1325 Pennsylvania Ave

Registrar.

SEP 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the left Femur	
Fracture of the 1st, 2nd, 3rd & 4th Lumbar Vertebrae of left side	
Lobar Pneumonia	

Other contributory causes of importance

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 9-8-1937

Where did injury occur? Steamship New Orleans (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Pier 4 Ft of Clinton St

Manner of injury Struck by falling Ore

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

Coroner

9/10/37 (Address) 1017 S. Charles St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

E 38993

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38993

CERTIFICATE OF DEATH

1948

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 16-7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Robinson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1150 Calhoun St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Virginia Robinson

6. DATE OF BIRTH (month, day, year) Feb. 15, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C.

FATHER

13. NAME Dock Robinson S.C.

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Tena Labrew

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Virgina Robinson
(Address) 1150 Calhoun

18. BURIAL, CREMATION, OR REMOVAL
Place Eastern L.C. Date Sept 11 1937

19. UNDERTAKER Robert L. Grinnell
(Address) 201 N. Carrollton Ave

20. FILED ..... 19 ..... Registrar

EP 11 1937

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation. ..... Date of .....

What test confirmed diagnosis Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Sept 8, 1937 19

Where did injury occur Stewart & Co Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Store Public Place

Manner of injury Dirt & Bricks fell from 6 Floor and struck him

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Working in elevator Shaft

(Signed) G. H. Allen M. D.
Coroner

(Address) 2257 N. Fulton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38994

CERTIFICATE OF DEATH

49-a

F 38994

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1341 Patapsco Ave. Ward) 25-5

Length of residence in city or town where death occurred ... yrs. unknown mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine Timberman

If U. S. Veteran specify WAR

(a) Residence: No. 1341 Patapsco Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE of: Clifford Timberman

6. DATE OF BIRTH (month, day, year): Feb 26, 1907

7. AGE: Years 30 | Months 6 | Days 24 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): 2 mo

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Biloxi. Miss.

FATHER

13. NAME: Frank Tomarek.

14. BIRTHPLACE (city or town) (State or country): Poland.

MOTHER

15. MAIDEN NAME: Eva? Czlapinski

16. BIRTHPLACE (city or town) (State or country): ? Poland

17. INFORMANT: Mrs. Clifford Timberman

(Address) 1341 Patapsco Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: ST. STANISLAUS Date: Sept 13th 1937

19. UNDERTAKER: George A. Weber

(Address) 705 Lanvale St

20. FILED: SEP 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937, to Sept 10, 1937

I last saw her alive on Sept 10, 1937. Death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis abdomen	1 yr
	acute
Other contributory causes of importance: Cardiac insufficiency	9/10/37

Was an operation performed? Yes. Date of Aug 9, 1937

For what disease or injury? Exploratory laparotomy

Name of operation

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, state ...

(Signed) H. Hammen Wheeler M.D.

(Address) 2910 Hollins Ferry Rd Baltimore

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165

F 38995

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3220 Mondawmin St., 15-7 Ward)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nettie Goldstein

If U. S. Veteran specify WAR ____

(a) Residence: No. 3220 Mondawmin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oscar Goldstein

6. DATE OF BIRTH (month, day, year) 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Jacop Korman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Oscar Goldstein
(Address) 3220 Mondawmin Ave.

18. BURIAL, CREMATION, OR REMOVAL
Where Shaarai Shalom Phila Pa. Date 9/12/37

19. UNDERTAKER Jack Lamb, Inc.
(Address) [illegible]

FILED SEP 11 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day) Sept. 10, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows: — Date of onset

Strangulation by Hanging

Other contributory causes of importance:

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury Sept. 10, 1937

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Hung self in Cellar

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) [signature] M. D.

(Address) 2267 N. Lbon Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 38996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1948

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier 5 Pratt St. St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence C. Benson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1622 E. Monument St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Benson

6. DATE OF BIRTH (month, day, year) Feb 27, 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	6	10	19

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mageothy A.A. Co. Md.

FATHER

13. NAME Wm Benson

14. BIRTHPLACE (city or town) (State or country) Mageothy A.A. Co Md

MOTHER

15. MAIDEN NAME Susie Broxson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Laura Benson

(Address) 1622 E Monument St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mageothy, A.A. Co. Md Date Sept 12 1937

19. UNDERTAKER Mrs Ada Bailey

(Address) 421 Jefferson St

Dec. 19 ..... Registrar

SEP 11 1937

VS 6

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Dorsal Spine	Sept 7,
Accidental Drowning	

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 7, 1937

Where did injury occur? Baltimore, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Industry

Manner of injury Struck by falling pipe & knocked into water

Nature of injury Crushing & drowning

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Struck & injured while working

(Signed) Samuel A Poole, M. D.

Coroner

(Address) 1331 E. Monument St

F 38997

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38997

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 26-S Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Davis

(a) Residence: No. 3711 Claremont St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Franklin W. Davis

6. DATE OF BIRTH (month, day, year) June 24 1914

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
23	2	17 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Lorenzo Lo Presti

14. BIRTHPLACE (city or town) (State or country): Riposto - Catania Italy

MOTHER

15. MAIDEN NAME: Carmela T. Butta

16. BIRTHPLACE (city or town) (State or country): Riposto-Catania Italy

17. INFORMANT: Carmela T. Butta (Mather)
(Address) 900 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Sept. 13 1937

19. UNDERTAKER: Frank Della Noce
(Address) 52 N. Morley St.

20. FILED SEP 11 1937
H. Lenington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10a . 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-20-37 . 19 . to 9-10-37 . 19

I last saw her alive on 9-10-37 . 19 . Death is said to have occurred on the date stated above, at 9:10A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever	

Other contributory causes of importance:

Bronchial Pneumonia

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) L. Kennedy Waller M. D.

(Address) University Hospital

XF 38998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 B F 38998

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 N. Milton Ave. St., S-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MRS. LYDIA PARKER

If U. S. Veteran specify WAR

(a) Residence: No. 1819 N. Milton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Parker

6. DATE OF BIRTH (month, day, year) Sept. 4. 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Conrad C. Horst

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina Rose

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. James L. Parker (Son)

(Address) 1819 N. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Baltimore Cemetery Date Sept. 11. 1937

19. UNDERTAKER HENRY SANDER & SONS. INC. Geo. F. Sander

(Address) Baltimore & Broadway.

20. FILED SEP 11 1937 Clayton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 5 19 37 to Sept 9 19 37

I last saw h alive on Sept 8 19 37 Death is said to have occurred on the date stated above, at 5.20 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	4 Days

Other contributory causes of importance:

Influenza & Lobar Pneumonia	1 Day

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Chandler M. D.

(Address) 222 E. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 38999

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38999

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. St. Agnes Hospital. St., Ward)

Length of residence in city or town where death occurred 56 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John P. R. Durney.

(a) Residence: No. 861 W. Lombard St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	-----	-----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store keeper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John T. Durney.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Emma Fillinger.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Ruby F. Spurrier. (sister)

(Address) Hammond Ferry Rd & Hazel Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 9/13/ 1937

19. UNDERTAKER John J. Curran & Son

(Address) 1901 E. Fallsway

20. FILED 19 ... Registrar

SEP 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M. Reinhardt, M. D. Coroner

9/11/37 (Address) 1017 S. Charles St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39000

F 39000 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward) 26-10

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME — Baby Girl Hopkins Clothilda

(a) Residence: No. 524 N. East Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	white	Newborn

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Newborn.

6. DATE OF BIRTH (month, day, year) Sept 7, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Infant

12. BIRTHPLACE (city or town) (State or country) Univ. Hosp Balto. Md.

FATHER
13. NAME Nelson Hopkins
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME Mary Sidlakowicz
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Nelson Hopkins
(Address) 524 N East ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Sept 12, 1937

19. UNDERTAKER John J. Welsh
(Address) 401 S. Chester St

20. FILED ..., 19 ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1937 to Sept 11, 1937

I last saw her alive on Sept 11, 1937 Death is said to have occurred on the date stated above, at 11 30 a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) J. Warren Albuldaus, M. D.

(Address) Univ Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F39001 HEALTH DEPARTMENT—CITY OF BALTIMORE F 39001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2135 N Pulaski 15-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa A. Billingsley

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2135 North Pulaski Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thos. H. Billingsley

6. DATE OF BIRTH (month, day, year) Sept 12-1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME John Whittle

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edward Bartz

(Address) 1921 Hubert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Finksburg Md. M. P. Church Cemetery Date Sept 13th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Sept 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1937, to Sept 10, 1937

I last saw h alive on Sept 9, 1937 Death is said to have occurred on the date stated above, at 10.00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1932
Cerebral hemorrhage	1932

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Paul Brown, M. D.

(Address) 1663 N. North Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EP 12 1937

39002 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39002

CERTIFICATE OF DEATH 25781--EF 72-3

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 20-6 Ward)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bessie Cordler

If U. S. Veteran specify WAR No Record

(a) Residence: No. 537 S. Longwood St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Cordler

6. DATE OF BIRTH (month, day, year) 4-4-1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME Albert Thompson

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Elizabeth Hamilton

16. BIRTHPLACE (city or town) (State or country) Nova Scotia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Evergreen Cemetery New York Date Sept 13 1937

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED SEP 17 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 11, 1937, to September 10, 1937

I last saw her alive on September 10, 1937. Death is said to have occurred on the date stated above, at 12:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	Unknown
Other contributory causes of importance:	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. de Lautelle, M. D.

(Address) Baltimore City Hospitals

B.—WRITE PLAINLY, WITH USFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

39003 E 39003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Sinai Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15-3 Ward)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bertha Schweitzer — If U. S. Veteran specify WAR .....

(a) Residence: No. 1505 N. Smallwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Late Israel

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Phillip Handelman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Phillip Schweitzer
(Address) 1505 N Smallwood St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Rd Date Sept 12 1937

19. UNDERTAKER Sol Levinson Bros
(Address) 1127 E Baltimore St

FILED SEP 12 1937 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-10- , 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept-1- , 1937 to Sept-10- , 1937.

I last saw her alive on Sept-10- , 1937 Death is said to have occurred on the date stated above, at 8:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
DIARRHEA of UNDETERMINED ORIGIN	Feb-1937
HYPERTENSIVE CARDIOVASCULAR DISEASE	
CONGESTIVE HEART FAILURE	Sept-7-1937

Other contributory causes of importance:
ARTERIOSCLEROSIS

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Bernard Lidman , M. D.
(Address) Sinai Hospital

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 39004

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39004

CERTIFICATE OF DEATH

1. PLACE OF DEATH 903 N. University Parkway.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 27-14 Ward)

Length of residence in city or town where death occurred 42 yrs. 11 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elspeth Benson Ryan

(a) Residence: No. 903 University Parkway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND (or) WIFE S. Raymond Ryan.

6. DATE OF BIRTH (month, day, year) Oct. 3, 1894

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
42	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George A. Benson

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Ida V. Fisher

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT S. Raymond Ryan

(Address) 903 University Pkwy.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Sept. 13. 1937

19. UNDERTAKER Harada F. Burgee

(Address) 3631 Falls Road

FILED SEP 12 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from May, 1934 to Sept. 11, 1937

I last saw her alive on Sept. 11, 1937. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	May 1931
General Metastasis to Bones.	May 1934

Other contributory causes of importance:

Name of operation Removal of left breast Date May 1934

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carl H. Benson M. D.

(Address) 5111 York Road,

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39005

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39005

CERTIFICATE OF DEATH

V H6-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5709 Rusk Ave. St., 27-19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Ellen Yeager

If U. S. Veteran specify WAR

(a) Residence: No. 5709 Rusk Ave. St., — Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Yeager

6. DATE OF BIRTH (month, day, year): June 29-1880

7. AGE: Years 57 | Months 2 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Maryland

FATHER

13. NAME: John T. Biven

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Margaret Hootten

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Charles Yeager
(Address) 5709 Rusk Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Date: Sept. 13- 37

19. UNDERTAKER: Horace F. Burgee
(Address) 3631 Falls Road

20. FILED SEP 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 11- 1937

22. I HEREBY CERTIFY, That I attended deceased from June 4 1937 to Sept 10 1937

I last saw her alive on Sept 10 1937. Death is said to have occurred on the date stated above, at 3:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon metastases in liver.	2
Other contributory causes of importance: Cardiac asthenia	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Ex Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury W.H. Smith

Nature of injury 3429 Chestnut Ave.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

39006 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 39006

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4213 Belview Ave St., 28-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Valentine Hare

If U. S. Veteran specify WAR

(a) Residence: No. 4213 Belview Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rachael V. Hare

6. DATE OF BIRTH (month, day, year): April 5-1846

7. AGE: Years 91 | Months 5 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 10 yrs.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Maryland

FATHER

13. NAME: Henry Hare

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Julia —

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Clarence R. Hare

(Address) 334 E. 25th St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Cemetery Date: Sept. 13 1937

19. UNDERTAKER: Horace F. Burgee

(Address) 3631 Falls Road

20. FILED 19 Registrar.

SEP 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 11-1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1936 to Sept 11 1937

I last saw him alive on Sept 11 1937 Death is said to have occurred on the date stated above, at 4.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Congestion)	Sept 6, 37

Other contributory causes of importance:

Angina Pectoris - Endocarditis	years.
Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hubert M. Foster, M. D.

(Address) 2730 St. Paul St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39007

39007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., W. 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lucile Boyd

(a) Residence: No. 225 Myrtle Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: John F. Boyd.

6. DATE OF BIRTH (month, day, year): 11-25-1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): 9-1-1937

11. Total time (years) spent in this occupation: 30 yrs

12. BIRTHPLACE (city or town) (State or country): Sumter S. C.

FATHER

13. NAME: Joe Stuckes

14. BIRTHPLACE (city or town) (State or country): Sumter S. C.

MOTHER

15. MAIDEN NAME: Martin's ?

16. BIRTHPLACE (city or town) (State or country): Sumter S. C.

17. INFORMANT (Address): John F. Boyd 225 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Pinewood S.C. Date 9-12-1937

19. UNDERTAKER (Address): Chas. G. Cooper 514 W. Calhoun St.

20. FILED ..... 19 .....
Registrar.

SEP 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9-7-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 9 . 1937 to 9-7-37 . 19.....

I last saw her alive on 9-7-37 . 19 . Death is said to have occurred on the date stated above, at 7:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	9-7-37
Peritonitis	9-6-37
atelectasis	9-9-37

Other contributory causes of importance:

Uterine fibroid	
Pelvic adhesions	

Was an operation performed? Yes Date of 9/4/37

For what disease or injury? Fibroma uteri

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?
If so, specify —

(Signed) C. C. Brince M. D.

(Address) University Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39008

7 a m

F 39008

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. ... St., 7-5 Ward) Color 6 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Medford Lanton If U. S. Veteran specify WAR

(a) Residence: No. Reisterstown, Md St., Ward. 6 Color 6
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Linton

6. DATE OF BIRTH (month, day, year) Feb 13, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Ernest

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME — Gates

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records - JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Freedom Pa Date 9/14/37

19. UNDERTAKER C. M. Walter (Address) Westfield Md

20. FILED ... Registrar.

SEP 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 '37 to Sept 12, 1937

I last saw him alive on Sept 12, 1937 Death is said to have occurred on the date stated above, at 7-a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever	Aug 12
Other contributory causes of importance: Hemorrhage fr bowel	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Walter B. Bosch, M. D.

(Address) Johns Hopkins

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39009

39009 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2929 Oakley Ave St., 27-17 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mittal Finkelstein

If U. S. Veteran specify WAR

(a) Residence: No. 2929 Oakley Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: **HUSBAND** of (or) **WIFE** of Abraham Finkelstein

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housework

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morton Perlowitz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Mary Carp (Daughter)

(Address) 2929 Oakley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Wesdale Date 9-12- 1937

19. UNDERTAKER Jack Kaufman Inc

(Address) 1429 E. Baltimore St.

20. FILED SEP 13 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-12-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from May, 1933 to Sept 12, 1937

I last saw h[illegible] alive on Sept 12 1937 Death is said to have occurred on the date stated above, at 4:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremia Chronic Nephritis	
Other contributory causes of importance:	
Arterio-sclerosis	1930

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 1810 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

39010 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 39010

CERTIFICATE OF DEATH

V 46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2821 W Garrison St., 27-17 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 28 yrs. mos. ds.

2. FULL NAME Meyer Phillip Miller

If U. S. Veteran specify WAR .....

(a) Residence: No. 2821 W Garrison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Martin Schwartz
(Address) 2821 W. Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Southern Ave Date 9-13-37

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E Balto St

20. FILED SEP 12 1937 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-11-37, 19

22. I HEREBY CERTIFY, That I attended deceased from June, 1937 to Sept 10, 1937

I last saw h.. alive on Sept 16, 1937. Death is said to have occurred on the date stated above, at 11:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	about March 1937
Other contributory causes of importance: Cardiac Exhaustion	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) Alex A Weinstock, M. D.

(Address) 4603 Park Heights Ave

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39011

F 39011

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 E Madison St St. 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances P. McGrath

if U. S. Veteran specify WAR

(a) Residence: No. 410 S. Bond St St., 3-1 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 26, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wills Dairy

10. Date deceased last worked at this occupation (month and year) Not known

11. Total time (years) spent in this occupation Not known

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Patrick McGrath

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Butler

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mollie McGrath

(Address) 822 S. 35 St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 9/13/ 1937

19. UNDERTAKER John E. Hagan

(Address) 3000 E. Baltimore St.

20. FILED SEP 14 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sept 9, 37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Emmett B. Wolfe Coroner, M. D.

(Address) 1331 E. Madison Ave

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VSG

E 39012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 39012

108

333942

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital St. 25-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Cyril Bender

(a) Residence: No. 1922 Grindalds ave St., Ward.
(Casual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Jones

6. DATE OF BIRTH (month, day, year) June 4 / 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Welder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Harry Bender

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Isabel Ridenbaugh

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Friends -
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date Sept. 14 1937

19. UNDERTAKER Edward Foulogne
(Address) 2309 Wash Blvd

20. FILED SEP 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1937 to Sept-9, 1937

I last saw him alive on Sept-9, 1937 Death is said to have occurred on the date stated above, at 830 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis	9-1
Congestion of Lungs	9-4

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39013

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39013

CERTIFICATE OF DEATH

95-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Leroy A. Grossell

If U. S. Veteran specify WAR

(a) Residence: No. Odenton, Md. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (~~or WIFE of~~) Helen E.

6. DATE OF BIRTH (month, day, year) Feby 13-1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME ? Grossell

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Katura Clos

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Helen Bloomburg Grossell

(Address) Odenton Md

18. ~~BURIAL, CREMATION~~, OR REMOVAL

Place Wash DC Date Sept 12 1937

19. UNDERTAKER Grove Bros Co

(Address) Wash DC

20. FILED ... 19... ... Registrar.

SEP 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-1, 1937 to 9-12, 1937

I last saw him alive on 9-12-37, 1937 Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spontaneous Subarachnoid Hemorrhage	7-27-37
Hypertensive Cardiovascular Disease	?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrence J. Thumann M. D.

(Address) St. Agnes Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39014

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39014

CERTIFICATE OF DEATH 24703--C 35C

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabelle Ball

If U. S. Veteran specify WAR

(a) Residence: No. 1613 E. Monument St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adolph

6. DATE OF BIRTH (month, day, year) 5-15-1907

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	30	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scrub women

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Edwin Brown (D)

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Kate (D)

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL SEP 17 1937

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED SEP 19 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-10 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-2 1937 to 9-10 1937

I last saw h.e.r alive on 9-9 1937. Death is said to have occurred on the date stated above, at 22-A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphogranuloma inguinale with rectal stricture	Autumn

Other contributory causes of importance:

Was an operation performed? Yes Date of 7/13 & 9/x/37

For what disease or injury? Rectal stricture

Name of operation (1) Sigmoidostomy (2) Resection rectum

What test confirmed diagnosis? Surgery Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

3495

F 39015

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39015

CERTIFICATE OF DEATH

20-2 159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Elaser A

(a) Residence: No. 2704 Fairmount St., 20-E Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 11 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward A Glaser

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elizabeth E Quick

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Gertrude Quick

(Address) 1936 N Pratt St

18. BURIAL, CREMATION, OR REMOVAL SEP 13 1937

Place Western Date

19. UNDERTAKER Geo A Sittle

(Address) 2700 Edmondson Ave

20. FILED SEP 13 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1937, to Sept 12, 1937

I last saw her alive on Sept 1, 1937. Death is said to have occurred on the date stated above, at 10 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumatocele (30 wk. infant)	Sept 9/11/37
Respiratory failure	Sept 12 37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Geo H Davis M. D.

(Address) University Hospital

F 39016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39016
33406

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Hubers

If U. S. Veteran specify WAR

(a) Residence: No. 2008 - 16th St. N.W. St., ... Ward. Washington D.C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-11-87

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Herman Huber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaretta Straub

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Sept 13 '37

19. UNDERTAKER J. B. Hipsley & Son
(Address) Baltimore Md.

20. FILED Sept 13 1937

SEP 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-10-1937

22. I HEREBY CERTIFY, That I attended deceased from Sept-2, 1937 to Sept-10, 1937
I last saw him alive on Sept-10, 1937 Death is said to have occurred on the date stated above, at 6:35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anemia	
Hypertension	
Chronic arteriolar nephritis	
Cardiac failure	
Other contributory causes of importance:	
Terminal pneumonia	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Blood culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Carl E. Burkland M. D.

(Address) Johns Hopkins Hospital

F 39017

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39017

V 59

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 1872

CITY OF BALTIMORE: (No. Bay View St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ella Wicks

If U. S. Veteran specify WAR

(a) Residence: No. 1577 N. Dunbar St., 8-6 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence Wicks (dead)

6. DATE OF BIRTH (month, day, year) April 24 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	5	18 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Rappaport

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Rhodes

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ella Davis (daughter)

(Address) 1577 N. Dunbar St.

18. BURIAL, CREMATION, OR REMOVAL

Place Strasburg Va. Date 9/14/37 19

19. UNDERTAKER Geo. Fowler & Son Inc

(Address) 1301 E. Fayette St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Neck	5 years
Diabetes Mellitus	1 hour
Circulatory failure	
Other contributory causes of importance:	
Cellulitis Neck	2 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. W. Wood Coroner M. D.

(Address) 1712 N. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 13 1937

F 39018

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39018

CERTIFICATE OF DEATH

115-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 13-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Wren

(a) Residence: No. 3523 Roland ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~(or) HUSBAND of~~ (or) WIFE of Wm. Kennon Wren

6. DATE OF BIRTH (month, day, year) Dec 25, 1916 unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	unknown	unknown	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) aug. 1937

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Andrew Wheeler

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Ella Baublitz

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Rest Catholic Date Sept 14, 1937

19. UNDERTAKER Chenoweth Bros
(Address) 3615-17 Edmondson Ave

20. FILED ..... 19 .....
SEP 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1937 to Sept. 10 1937
I last saw h.. alive on Sept 10, 1937 Death is said to have occurred on the date stated above, at 10-5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
agranulocytic angina	9/1/37
Other contributory causes of importance	
calculitis of gall	8/28/37
bronchopneumonia	9/9/37

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Blood count Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Irving Freeman, M. D.

(Address) University Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

39019 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 39019

CERTIFICATE OF DEATH

82-A

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3426 Hickory Ave St., 3-6 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M. Miller

If U. S. Veteran specify WAR

(a) Residence: No. 3426 Hickory Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Coleman A. Miller

6. DATE OF BIRTH (month, day, year) April 26, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Jacob Coleman

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ann Merritt

(Address) 3426 Hickory Ave.

18. BURIAL, CREMATION, OR REMOVAL Woodmont, Md. Date Sept 14, 1937

19. UNDERTAKER E. Hennessee Son

(Address) 3615-17 Chelsea Ave

20. FILED 19

Registrar.

SEP 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1937 to Sept 11th, 1937

I last saw h alive on July 1st, 1937. Death is said to have occurred on the date stated above, at 1.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Sept 11

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

39020 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 39020

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 25-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wilhelmina Muller — No War Record

(a) Residence: No. 2521 James ST. St., ... Ward. Balto; MD.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married,~~ Widowed, ~~or Divorced~~ (write the word)
Female	white	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ (or) WIFE of Wolfgang Muller

6. DATE OF BIRTH (month, day, year) Sept 24th 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	? 11	? 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) July 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto; Maryland

FATHER

13. NAME Richard Bankwitz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Pauline Hubbard

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Chas. Langkemarich
(Address) Madora Rd. Govans Md Rt 5

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Sept 14th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED SEP 13 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 21, 1937 to September 11, 1937

I last saw her alive on September 11, 1937. Death is said to have occurred on the date stated above, at 8 05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	9/11/37
Carcinoma, Transverse colon	?
Arteriosclerotic cardiorenal vascular disease	?

Other contributory causes of importance:

Was an operation performed? yes Date of September 9, 1937

For what disease or injury? Carcinoma, Transverse colon

What test confirmed diagnosis? ..... Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) S. G. Coughlan, M. D.

(Address) University Hospital

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

39021 E 39021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward) 25-1

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Stoler — If U. S. Veteran specify WAR

(a) Residence 2 Kensington Rd "Oak Park" St., Hatteraspe Md Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Stoler

6. DATE OF BIRTH (month, day, year) Oct 16-1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	10	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper — Gardener
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Self
10. Date deceased last worked at this occupation (month and year) — July 1937 — 11. Total time (years) spent in this occupation — 52

12. BIRTHPLACE (City or town) (State or country) — Belle Co Md

FATHER
13. NAME — Charles A Stoler
14. BIRTHPLACE (city or town) (State or country) — Germany

MOTHER
15. MAIDEN NAME — Catherine Stoler
16. BIRTHPLACE (City or town) (State or country) — Belle Co Md

17. INFORMANT — Elizabeth Stoler
(Address) Hatteraspe Md Box

18. BURIAL, CREMATION, OR REMOVAL
Place Loyden Cem. Date 9/13 1937

19. UNDERTAKER — J. W. Cox
(Address) 1214 E Pond St

20. FILED ..... 19 ..... Registrar

SEP 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Frac. Rt tibia + fibula	Aug 31

Other contributory causes of importance: Cardiac failure — Sept 11-37

Was an operation performed? yes — Date of 9-11-37

For what disease or injury? .....

Name of operation Amputation of leg — Date of 9/11

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or Homicide? Accident — Date of injury Aug 31 1937
Where did injury occur? Main St Hatteraspe Md
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Highway
Manner of injury Struck by auto while walking
Nature of injury Crushing leg

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Arthur Stanley Cole, M. D.
Coroner
(Address) 907 N Chas

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

Registered No. F 39022

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp St., 28-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David S. Ponder

If U.S. Veteran specify WAR World War

(a) Residence: No. 410 S Kathland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 31, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Photographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit Co

10. Date deceased last worked at this occupation (month and year) Sept 1937

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles A. Ponder

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Grace Steiner

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT (Address) May Hokamp 4105 Kathland Ave.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Sept 14 1937

19. UNDERTAKER (Address) Wm Cook 1217 St. Paul St.

20. FILED SEP 15 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1937 to Sept 11, 1937

I last saw him alive on Sept 11, 1937. Death is said to have occurred on the date stated above, at 11.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	1 Day

Other contributory causes of importance:

Was an operation performed? Yes Date of 9-10-37

For what disease or injury? Intestinal Obstruction

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert E Redman M. D.

(Address) St. Joseph's Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 39023

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39023

3334 | 9

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 10-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Jenkins — If U. S. Veteran specify WAR .....

(a) Residence: No. 602 E. Madison St St., ... Ward. Balto 2
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	—

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME .....
14. BIRTHPLACE (city or town) (State or country) Jacob South Carolina

MOTHER

15. MAIDEN NAME Caroline Hunter
16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary cem Date 9-13-1937

19. UNDERTAKER Bosley Magnio & Knight
(Address) 1200 N Eden & Eldery St

20. FILED SEP 13 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 19th, 1937 to Sept 9, 1937
I last saw him alive on Sept 9th, 1937 Death is said to have occurred on the date stated above, at 12 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bile Ducts resulting in obstructive biliary cirrhosis and jaundice.	(?) June 1937

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Walter B. Bush, M. D.

(Address) Johns Hopkins Hosp

X. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V5 3

39024 ✓ F 39024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 Poplar Grove St., 15-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. — mos. — ds.

2. FULL NAME Emma Louise Sribl

If U. S. Veteran specify WAR .....

(a) Residence: No. 1600 Poplar Grove St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 4-1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	63	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cashier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat store

10. Date deceased last worked at this occupation (month and year) Oct 1936

11. Total time (years) spent in this occupation 14 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Sribl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Albrecht

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Etta Trumbore

(Address) 1600 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Sept 14. 1937

19. UNDERTAKER Ellis S. White

(Address) 2540 Gold Spring Lane

20. FILED ..... 19 .....

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 11. 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21. 1936. to September 10. 1937

I last saw her alive on September 10. 1937. Death is said to have occurred on the date stated above, at 4⁰⁰ a. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of left breast — Date of onset .....

Other contributory causes of importance:

Metastasis to other parts of body — Date of onset .....

Was an operation performed? yes Date of Oct 26-1936

For what disease or injury? — Carcinoma

Name of operation Amputation of breast Date of 10-26-1936

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — . 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) B. Kader M. D.

(Address) 2306 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Be sure that all information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 39025 HEALTH DEPARTMENT—CITY OF BALTIMORE F 39025

CERTIFICATE OF DEATH

93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3708 Druid Park Ave. Ward 15-E)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Myra Hand Hammond

If U. S. Veteran specify WAR

(a) Residence: No. 3708 Druid Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm R. Hammond

6. DATE OF BIRTH (month, day, year) Nov. 28, 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
91	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewes Del

FATHER

13. NAME John Marshall

14. BIRTHPLACE (city or town) (State or country) Del.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Jas. Ryder Murphy (Address) 3708 Druid Park Ave

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Sept 13 37

19. UNDERTAKER Wm Tickell Bond (Address) Booth & Reaves

20. FILED SEP 13 1937 Wm. H. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 37, 19 to Sept 12, 19 37

I last saw h[er] alive on Sept 11, 19 37. Death is said to have occurred on the date stated above, at 4 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis Myocarditis about 6 mo duration	?
Other contributory causes of importance: Cystitis & Cystitis about	June 1/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? Physical & Labalory Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If [illegible]

(Signed) Walter Dukett M. D.

(Address) 2220 Garrison Blvd

N. B.—WRITE PLAINLY, with pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39026

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39026

CERTIFICATE OF DEATH

54

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 521 N. East Ave. St. 26-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 50 yrs. ... mos. ... ds.

2. FULL NAME Anna Schlee

If U. S. Veteran specify WAR

(a) Residence: No. 521 N. East Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Schlee

6. DATE OF BIRTH (month, day, year) Feb. 7, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At HOME

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Michael Bauersaks

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Theresa Ditman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret A. Biegel

(Address) 521 N. East Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Matthais Cem. Date Sept. 14 1937

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St.

20. FILED ... 19... Registrar.

SEP 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11 . 1937.

22. I HEREBY CERTIFY, That I attended deceased from Jan ... 19 37 to Sept 11 ... 1937.

I last saw her alive on Sept 6 1937 Death is said to have occurred on the date stated above, at 11.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Diabetes Coma	Sept 6, 1937

Other contributory causes of importance:

Edema pulmonum	?
Arteriosclerosis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Allen C. Schwartz M. D.

(Address) 2939 W. Eldorado

INSTRUCTIONS TO PHYSICIANS: All questions must be answered, with the information required. Every item should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

39027 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 39027

CERTIFICATE OF DEATH

51-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp. Balto Md 20-5 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Maddey

If U. S. Veteran specify WAR

(a) Residence: No. 316 S. Smallwood St. St. 20-5 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary maddey

6. DATE OF BIRTH (month, day, year) September 15 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Maddey

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Mary Maddey

(Address) 316 S. Smallwood St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date Sept. 15 1937

19. UNDERTAKER George Schnaat

(Address) 7111 Ferdinand Ave

16 FILED SEP 15 1937 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1937 to Sept 12, 1937

I last saw him alive on Sept 12, 1937. Death is said to have occurred on the date stated above, at 1:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	

Other contributory causes of importance:

Was an operation performed? yes Date of May 21-1937

For what disease or injury? Ca. of Bladder

Name of operation Cystoscopy & Biopsy

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Leonhardt M. D.

(Address) St. Agnes Hospital

S. B.—WRITE PLAINLY, WITH LEAD PENCIL OR PEN AND INK. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39028

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39028

CERTIFICATE OF DEATH

51-B

1. PLACE OF DEATH U.S. MARINE HOSPITAL, BALTIMORE, MD.

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.....St., 16-7 Ward)

Length of residence in city or town where death occurred 71 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank M. Easter

If U. S. Veteran specify WAR .....

(a) Residence: No. 3004 Lyttleton Road, Balto. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Ruthrauff Easter

6. DATE OF BIRTH (month, day, year) Nov. 27 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1st Mate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 6-0-37

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME James Hamilton Easter

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Mortimer

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Records- U.S. Marine Hospital,

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept. 13, 1937

19. UNDERTAKER Wm. J. Tickner & Sons.

(Address) North Ave.

20. FILED ..... 19..... Registrar

SEP 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1937 to September 10, 1937

I last saw him alive on September 10 1937. Death is said to have occurred on the date stated above, at 3:40p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder, grade 3, --	
(epithelioma, papillary)	July 1937
Pneumonia, lobar, hypostatic,	over
bilateral	9-8-37

Other contributory causes of importance:

Was an operation performed? Yes Date of 8-3-37

For what disease or injury? Carcinoma of bladder

Name of operation See other side.

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) I. B. H. a dusa, M. D.

(Address) U. S. Marine Hospital, Balto.

HLW/g

N. B.—WRITE PLAINLY, with pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 39029

E 39029 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 9-3 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME A Howard Earp

(a) Residence: No. 601 E 34th St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Susan C. Earp

6. DATE OF BIRTH (month, day, year) February 29-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. State Rd Com.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Dorchester Md

FATHER

13. NAME Israel Earp

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Malcenia Barnett

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Josephine C. Earp 601 E 34th St

18. BURIAL, CREMATION OR REMOVAL Place London Park Date Sept 14 1937

19. UNDERTAKER (Address) Wm J Fitzpatrick Sons Inc Balto

20. FILED ..... 19 ..... Registrar.

SEP 13 1937

Hamilton Station, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 25, 1937 to Sept 12, 1937

I last saw him alive on Sept 12, 1937. Death is said to have occurred on the date stated above, at 10.20 Am.

The principal cause of death and related causes of importance were as follows:

Benign Prostatic Hypertrophy — Date of onset

Other contributory causes of importance:

Pulmonary Embolism

Was an operation performed? Yes Date of Sept 7, 1937

For what disease or injury? Prostatic Hypertrophy

Name of operation Supra pubic Prostatectomy

What test confirmed diagnosis? Cystoscopy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) G. F. Johnston Jr. M. D.

(Address) Maryland General Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F39030 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39030

CERTIFICATE OF DEATH

120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3005 St. Paul St., 12-2 Ward)

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth 85 yrs. 0 mos. 0 ds.

2. FULL NAME Harriett Martha Blankford If U. S. Veteran specify WAR NONE.

(a) Residence: No. 3005 St Paul St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Jacob Blankford

6. DATE OF BIRTH (month, day, year): August 4 1845

7. AGE: Years 92 | Months 1 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year): none
11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Alford England

FATHER

13. NAME: John Melton White
14. BIRTHPLACE (city or town) (State or country): Alford England

MOTHER

15. MAIDEN NAME: Ann Elston
16. BIRTHPLACE (city or town) (State or country): Alford England

17. INFORMANT: Dr. Wm. Kelso Rulis (resident)
(Address) 3005 St Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mollivet Date: Sept 14 37

19. UNDERTAKER: Stewart Morgan Co.
(Address) 108 W. Mt. Ave.

20. FILED SEP 13 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): September 12th 1937

22. I HEREBY CERTIFY, That I attended deceased from July 29th 1937, to September 12th 1937. I last saw her alive on September 12th 1937. Death is said to have occurred on the date stated above, at 3 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility.	
Other contributory causes of importance: Diarrhoea.	

Was an operation performed? No Date of -

For what disease or injury? -

Name of operation -

What test confirmed diagnosis? examination. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify.....

(Signed) W. Kelso Rulis M. D.

(Address) 3005 St Paul St.

N. B.—WHILE LABOR WITH THE ENUMERATION ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39031

F39031 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3028 Prestman St. 16-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 52 yrs. 8 mos. 22 ds.

2. FULL NAME Harvey Benjamin Munson

If U. S. Veteran specify WAR NONE.

(a) Residence: No. 3028 Presstman St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Rowena G. Munson

6. DATE OF BIRTH (month, day, year) Dec-20-1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Battery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automotive

10. Date deceased last worked at this occupation (month and year) Sept-11-1937

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) New Haven Conn.

FATHER

13. NAME Edward B. Munson

14. BIRTHPLACE (city or town) (State or country) New Haven Conn.

MOTHER

15. MAIDEN NAME Josephine E. Leavenworth

16. BIRTHPLACE (city or town) (State or country) New Haven Conn.

17. INFORMANT Mrs Rowena G Munson (wife)

(Address) 3028 Presstman

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Sept 13 37.

19. UNDERTAKER Stewart Mowlen Co.

(Address) 108 W North Ave.

FILED SEP 15 1937 [illegible] Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) R H Carlin M. D.

(Coroner)

(Address) 757 W. Lexington

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

E 39032

39032 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH — St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens + Catonsville Aves. St., 19-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME — Female Child Swift — If U. S. Veteran specify WAR .....

(a) Residence: No. 1529 W. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 12, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 35 min.
				7

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Michael Leo Swift

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Gertrude Rapp

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Gertrude Swift
(Address) 1529 W. Balt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Sept. 13, 1937

19. UNDERTAKER Frederick J. Cole
(Address) 1200 W. Lombard St

20. FILED Sept 13 1937 Henrietta Williams, Registrar.

SEP 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1937, to Sept 12, 1937

I last saw her alive on Sept 12, 1937. Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation no

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Daniel Fred Wehrel M. D.

(Address) St. Agnes Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 39033

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39033

CERTIFICATE OF DEATH

X 139-13

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elsie Tracy

If U. S. Veteran specify WAR .....

(a) Residence: No. Baltimore Highlands, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elmer F. Tracy

6. DATE OF BIRTH (month, day, year) May 1, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Herman L. Doering

14. BIRTHPLACE (city or town) (State or country) Topeka Kansas

MOTHER

15. MAIDEN NAME Elsie May Hess

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. Elmer F. Tracy
(Address) Ohio Ave., Baltimore Highlands

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Sept. 13 1937

19. UNDERTAKER 1503 N. Baltimore St.

20. FILED SEP 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1937, to Sept 11, 1937

I last saw h... alive on Sept 11, 1937. Death is said to have occurred on the date stated above, at 7:00 A.m.

The prinelpal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Endometritis	Sept 6, 37
sepsis	
Other contributory causes of importance: Peritonitis	Sept 6, 37

Was an operation performed? Yes Date of Sept 7 37

For what disease or injury? Abscess

Name of operation Cul-de-sac puncture

What test confirmed diagnosis? 0 Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Louis J. Krull, M. D.

(Address) North Balto. Gen. Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 39034

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ E 39034

CERTIFICATE OF DEATH

126

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 9-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Tulley

If U. S. Veteran specify WAR

(a) Residence: No. ~~1236 Phillips~~ St., 1238 Darley Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace (D)

6. DATE OF BIRTH (month, day, year) 4-2-1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bar Tender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry W

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sally Harriett Knight

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Sept 15 1937

19. UNDERTAKER Alfred W Gregory

(Address) 470 E. North Ave

20. FILED SEP 16 1937 Thomas Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-12, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-18, 1937, to 9-12, 1937

I last saw him alive on 9-12, 1937. Death is said to have occurred on the date stated above, at 6.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholelithiasis	unknown
Surgical shock	9/10
acute dilatation of stomach	9/12

Other contributory causes of importance:

Was an operation performed? Yes Date of 9-10-37

For what disease or injury? Gall Bladder disease

Name of operation Cholecystostomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Woodward Jr. M. D.

(Address) Balto. City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 16 1937

O/C

E 39035

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39035

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4907 Harford Rd St. 27-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M. Shoemaker

If U. S. Veteran specify WAR

(a) Residence: No. 4907 Harford Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed,~~ or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Charles A. Shoemaker

6. DATE OF BIRTH (month, day, year) Feb. 27 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John H. Mayer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Reisert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John D. Shoemaker
(Address) 4907 Harford Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Sept. 14 1937

19. UNDERTAKER Leonard J. Ruck
(Address) 5305 Harford Road

20. FILED SEP 13 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 19 1937 to Sept 4 1937

I last saw ~~him~~ her alive on Sept 11 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Arterio Sclerosis	
Hypertension	

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas Smick M. D.

(Address) 4708 Harford Rd

9/12/37

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 39036

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39036

CERTIFICATE OF DEATH

87-B

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Bay View St., 26 Ward)

Length of residence in city or town where death occurred 32 yrs. 2 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward J. Hurst — If U. S. Veteran specify WAR

(a) Residence: No. 704 Winston St., 27-10 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 23 1904 June 7 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	11 2	14 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Press hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing

10. Date deceased last worked at this occupation (month and year) 9/36

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edward J. Hurst

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Nellie Adams

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Edward J. Hurst
(Address) 704 Winston ave

18. BURIAL, CREMATION, OR REMOVAL
Place Sankford Date 9/14 1937

19. UNDERTAKER Leonard J. Keech
(Address) 2115 Hanford Rd

20. FILED SEP 13 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Parkinsons Disease	19 Years

Other contributory causes of importance: Hypertension

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D.
Coroner

(Address) 1712 N. Broadway

E. B.—Write plainly with pen and ink. Do not use pencil. Fill in all items. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 39037

✓ E 39037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH 845 N University Parkway — Registered No.

CITY OF BALTIMORE: (No. ..... St. 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Skinner — U. S. Veteran specify WAR

(a) Residence: No. 845 N University Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	-

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Thomas W. Skinner

6. DATE OF BIRTH (month, day, year) Sept. 7, 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	—	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Warrington, (State or country) England

FATHER

11. NAME John Jervis

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Hannah Bartlett

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Beulah Skinner

(Address) 845 W. University Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept. 14, 1937

19. UNDERTAKER Chas. H. Black

(Address) 142 W. North Ave.

FILED SEP 13 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset

Other contributory causes of importance:

Age?

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation No — Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) John A. Evans, M. D.
Coroner

(Address)

V. S.—WRITE PLAINLY WITH PENCIL. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S e

F 39038

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39038

CERTIFICATE OF DEATH

95-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital St. 28-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Harry Martin

If U. S. Veteran specify WAR

(a) Residence: No. 4212 Belview Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Virginia Martin

6. DATE OF BIRTH (month, day, year) May 15, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Charles H. Martin

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Sarah Schutz

16. BIRTHPLACE (city or town) Washington
(State or country) District of Columbia

17. INFORMANT Edith V. Martin
(Address) 4212 Belvieu Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem, Date 9-14-37, 19

19. UNDERTAKER Ed. Fanning & Son.
(Address) Washington & Lafayette Aves.

20. FILED SEP 13 1937, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/11/, 1937.

22. I HEREBY CERTIFY, That I attended deceased from August 8, 1937, to Sept. 11, 1937

I last saw h[illegible] alive on Sept 11, 1937. Death is said to have occurred on the date stated above, at 1 25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Sec. Hypertension	about
Terminal Hypostatic Pneumonia	

Other contributory causes of importance:

Pulmonary Edema (terminal)

Was an operation performed? no Date of no

For what disease or injury? no

Name of operation no

What test confirmed diagnosis? P.E Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Dr. N. P. Santonis, Jr. M. D.
(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39039

F. M. 39039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital St. 17-1 Ward)

Length of residence in city or town where death occurred 40 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

if U. S. Veteran specify WAR .....

2. FULL NAME John Cermola

(a) Residence: No. 622 Fence St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Cuf	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Churchtown Md

FATHER

13. NAME John Cermola

14. BIRTHPLACE (city or town) (State or country) Churchtown Md

MOTHER

15. MAIDEN NAME Rachel Lowe

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Gertrude Wyndham
(Address) 4523 W 28th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Rest Date Sept 14 1937

19. UNDERTAKER Jno Geo. H Kellam
(Address) 1 & 3 Reed Street Ave

20. FILED SEP 13 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Sept 11 1937
Fractured left femur	Sept 6 37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Heart Was there an autopsy? no

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Sept 6, 1937

Where did injury occur? Home (622 Fence St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down stairs

Nature of injury Injuries

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ..... M. D.
Coroner

(Address)

F 39040

F 39040

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 N. Mount St. 16-3 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah E. Betts

(a) Residence: No. 703 N. Mount St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md

FATHER

13. NAME John Brooks

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Butler ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Thos. Thelsp

(Address) 703 N. Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Sept. 14 37

19. UNDERTAKER Mrs. Geo. V. Holland

(Address) 631 Druid Hill Ave

SEP 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11 37

22. I HEREBY CERTIFY, That I attended deceased from Sept 3 1937 to Sept 11 1937

I last saw h[illegible] alive on Sept 11 1937 at 4 p.m. Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	April 1937
Arteriosclerosis	Sept 1936

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 703 N. Mount

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 39041 3 3 2958

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39041

CERTIFICATE OF DEATH

X 137

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John H. Wingert

If U. S. Veteran specify WAR

(a) Residence: No. Lewisburg, Penn St., Ward. Brady 3

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Charity E. Moore

6. DATE OF BIRTH (month, day, year) Aug 8th 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	84	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) —— spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Jeremiah - Wingert

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Eellis Gundy

16. BIRTHPLACE (city or town) (State or country) Penn -

17. INFORMANT JOHNS HOPKINS HOSPITAL Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Lewisburg Pa Date Sept 15. 1937

19. UNDERTAKER Geo Ortlieb & Sons (Address) 700 Eutaw Place

20. FILED SEP 13 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13. 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 9th, 1937 to Sept 13th, 1937

I last saw h.. alive on Sept. 13, 1937 Death is said to have occurred on the date stated above, at 12 55 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration
+ BPH	
Renal Calculus	1
Bronchopneumonia, Terminal	2
Other contributory causes of importance:	
Uraemia	7
Pyelonephritis, Chronic	3

Was an operation performed? Yes Date of Aug. 13, 1937

For what disease or injury? + Bilateral Prostatic Hypertrophy

Name of operation Bilateral Prostatectomy, suprapubic

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carl E. Buckland M. D.

(Address) Johns Hopkins Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

39042

HEALTH DEPARTMENT—CITY OF BALTIMORE

39042

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie E. Kozer

If U. S. Veteran specify WAR

(a) Residence: No. 2008 Division St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James F. Kozer

6. DATE OF BIRTH (month, day, year) Feb. 27, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 1037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caswell Co., N.C.

FATHER

13. NAME Henry Graves

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Margarete Boyd

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Edward G. Kozer

(Address) 16 1/2 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place Reidsville, N.C. Date Sept 13 1937

19. UNDERTAKER Thos. E. Nelson

(Address) 1303 Eastman St

20. FILED SEP. 13 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9. 6. 37, 1937 to 9. 13, 1937

I last saw her alive on 9. 13, 1937. Death is said to have occurred on the date stated above, at 1220 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	1935
Other contributory causes of importance: Hypertension & arteriosclerosis	1935?

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical & laboratory Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James D Carr M. D.

(Address) 515 Madison Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 39043

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39043

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2005 Kennedy Av St., 29-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 17 ds. How long in U. S. If of foreign birth 81 yrs. 0 mos. 0 ds.

2. FULL NAME Mollie Robinson

If U. S. Veteran specify WAR NONE

(a) Residence: No. 2005 Kennedy St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) About 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 81	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Cambridge Md.

FATHER

13. NAME William M. Robinson

14. BIRTHPLACE (city or town) (State or country) Cambridge Md.

MOTHER

15. MAIDEN NAME Elizabith Waters

16. BIRTHPLACE (city or town) (State or country) Cambridge Md.

17. INFORMANT Mrs. Tilder Tubman (Son-in-law)

(Address) 2230 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Md Date 7/15/37

19. UNDERTAKER Edward Moore

(Address) 108 N Main Ave

20. FILED ..... 19 .....

SEP 3 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13. 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 1937 to Sept 13 1937

I last saw h.. alive on Sept 11. 1937 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H H Pearce M. D.

(Address) 2105 N. Charles St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 39044

39044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 39044

82-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 Harden Court. St., 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 90 yrs. 10 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Mc Donnel. If U. S. Veteran specify WAR No Record

(a) Residence: No. 1609 Harden Court. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a. If ~~Married, Widowed, or Divorced~~ HUSBAND of ~~WIFE of~~ Elizabeth Mc Donnel.

6. DATE OF BIRTH (month, day, year) October 21, 1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balto.

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Mary E. Vogelsang.

(Address) 105 E. Barney St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Sept 14 1937

19. UNDERTAKER Wm Cook

(Address) 127 St Paul St

FILED SEP 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Hemiplegia.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Steinhardt, M. D.
Coroner

9/13/37 (Address) 1017 S. Charles St.

V S 6

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268

39045

HEALTH DEPARTMENT—CITY OF BALTIMORE

39045

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3531 Esther Place St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helma Estelle Brown — No War Record

(a) Residence: No. 3531 Esther Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frances Brown

6. DATE OF BIRTH (month, day, year) Mar 4, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Tilghmans Island Md

FATHER

13. NAME Wm Bozman

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Hooper

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs F. Brown
(Address) 3531 Esther Place

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Sept. 16 1937

19. UNDERTAKER Coe
(Address) 1219 St Paul St

20. Filed SEP 14 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1936 to Sept 13, 1937

I last saw her alive on Sept 13, 1937. Death is said to have occurred on the date stated above, at 10 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	1 yr
Metastatic Carcinoma of Lungs	3 mos

Other contributory causes of Importance:

Name of operation Radical removal of Breast Date of March 1936

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Helen H. Jackson M. D.

(Address) 3402 E. Baltimore

N. B.—WRITE PLAINLY, WITH PENCIL OR PEN. THE PHYSICIAN should be stated EXACTLY. AGE should be carefully supplied. PHYSICIANS should information should be stated in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39046

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39046

CERTIFICATE OF DEATH

V-1 89-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Milton J. Weber Jr. If U. S. Veteran specify WAR No Record

(a) Residence: No. 4304 Glenmore Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) S. Violet Weber

6. DATE OF BIRTH (month, day, year) Oct. 3, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) 9/7/37

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Chas. W. Weber

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Catherine Buckheit

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT S. Violet Weber

(Address) 4304 Glenmore Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Sept 15th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	

Other contributory causes of importance:

Pneumococci Meningitis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1112 N. North ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 17 1937

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

39047 39047 F 39047

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 392 Greenmount Ave (Street)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lewis D. Mosher

If U. S. Veteran specify WAR No Record

(a) Residence: No. 392 Greenmount St., Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha E.

6. DATE OF BIRTH (month, day, year) Nov 29 - 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Bkkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Consumers Coal Co

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) New York N Y

FATHER

13. NAME Amasa Mosher

14. BIRTHPLACE (city or town) (State or country) Nova Scotia

MOTHER

15. MAIDEN NAME Sarah Market

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Bertha Mosher

(Address) 392 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Sept 15th 37

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

20. FILED Sept 13 1937 [illegible] Registrar

SEP 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12. 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1937 to Sept. 12, 1937

I last saw h. alive on Sept. 12, 1937. Death is said to have occurred on the date stated above, at 10:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Coronary Thrombosis	Sept 12 37
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lloyd C. Taylor M. D.

(Address) 3957 Greenmount Ave

Information should be carefully supplied. Any answer not known should be stated. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39048
333764

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39048

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital

Registered No. 11-V 119

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joanne Leigh Jones

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1010 St Paul St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8-4-37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm Jones

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Anna Wirta

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Morland Park Date Sept 14th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED SEP 14 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Sept 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1937 to Sept 12, 1937

I last saw her alive on Sept 12, 1937. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Non-specific enteritis	
Other contributory causes of importance:	
Jaundice - uncapitalized	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James Monroe Mason III M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39049

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39049

CERTIFICATE OF DEATH

12,124-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify War No Record

2. FULL NAME Dr. James Egan

(a) Residence: No. 2505 St. Paul St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Helen Egan

6. DATE OF BIRTH (month, day, year) June 19, 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0055

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Michael Egan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Margaret Berry

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Helen Egan

(Address) 2505 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Sept 16 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED 19 Registrar.

SEP 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1937, to Sept 13, 1937

I last saw him alive on Sept 13, 1937. Death is said to have occurred on the date stated above, at 6:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Edema	24 hr
Pulmonary edema	12 hr
Other contributory causes of importance:	
Chronic Nephritis	yrs.
Cardiac Hypertrophy	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. Abbott, M. D.

(Address) Mercy Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

F 39053 44 — F 39050

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. X 1 5 151-a

CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Szymczak — If U. S. Veteran specify WAR .....

(a) Residence: No. 610 E. 14th St., ... Ward. Erie Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1/1/30

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	5	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER
13. NAME John Szymczak
14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER
15. MAIDEN NAME Josephine Klimek
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Erie, Pa. Date Sep 14 1937

19. UNDERTAKER John M Weber
(Address) 401 E. Chestnut St

20. FILED SEP 14 1937 Huntington Williams, M.D.
(Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1937 to Sept 13, 1937

I last saw h... alive on Sept 13, 1937. Death is said to have occurred on the date stated above, at 4:05 p. m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Non-Communicating Hydrocephalus.

Other contributory causes of importance:

Was an operation performed? Yes Date of Sept 13, 1937

For what disease or injury? Non-Communicating Hydro.

Name of operation Third Ventriculostomy & Ventricular Tap

What test confirmed diagnosis? Ventricular Tap Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) James Monroe Mason III M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39051

CERTIFICATE OF DEATH

F 39051

1. PLACE OF DEATH

Registered No. 26-10-92-a

CITY OF BALTIMORE: (No. 102 N. Highland Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME FREDERICK F. BLOCK

If U. S. Veteran specify WAR

(a) Residence: No. 102 N. Highland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta B. Block

6. DATE OF BIRTH (month, day, year) July 6, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0013

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Block

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Auguste Krieger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Augusta Block
(Address) 102 N. Highland Ave,

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Sept. 14, 1937

19. UNDERTAKER John Ahrens & Son
(Address)

20. FILED SEP 14 1937 19 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 6, 19 37 to Sept. 11 19 37
I last saw h[illegible] alive on Sept. 10 19 37 Death is said to have occurred on the date stated above, at 1:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5-6-37
Other contributory causes of importance:	
Chronic Myocarditis	1935
Aortic Regurgitation	"

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis: Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) [illegible] Edwards Siegmund, M. D.
(Address) 1613 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39052

CERTIFICATE OF DEATH

92-A F 39052

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2876 Pelham Ave. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 7 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME HENRY J. ULRICH

(a) Residence: No. 2876 Pelham Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Ulrich

6. DATE OF BIRTH (month, day, year) Jan. 18, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fire boat

10. Date deceased last worked at this occupation (month and year) Aug. 5, 1936

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Hartman Ulrich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Elizabeth Ulrich
(Address) 2876 Pelham Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date Sept. 15, 1937

19. UNDERTAKER John Ulrich
(Address) 2004 Eutaw St.

20. FILED SEP 14 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1937 to Sept 12, 1937

I last saw h[illegible] alive on Sept 11, 1937 Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	Aug 31
Other contributory causes of importance:	
Bronco Endocarditis	
Hypertension	Jul 1936

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
(Address) 718 N. Patterson Pk

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39053

CERTIFICATE OF DEATH

V46-F 39053

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4510 Mainfield Ave St., 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Georg Henkelman

If U. S. Veteran specify WAR

(a) Residence: No. 4510 Mainfield Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Fiske

6. DATE OF BIRTH (month, day, year) Aug. 24-1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Henkelman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Sarbacher

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Edgar Henkelman
(Address) 4510 Mainfield Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 9/15/37

19. UNDERTAKER Theo. Weber & Son
(Address) 2503 Edmondson Ave

20. FILED ... 19... Registrar.

SEP 1 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/12/37. 19

22. I HEREBY CERTIFY, That I attended deceased from May 21 1937 to 9/12/37 1937

I last saw him alive on 9/12/37 19... Death is said to have occurred on the date stated above, at 7.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca Stomach x Metastasis	
Other contributory causes of importance Cardiac Failure	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Clara Jones M. D.

(Address) 4706 Harford Rd

9/13/37

Information should be carefully supplied. Age should be stated EXACTLY. Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39054

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39054

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ann M. Schramm

(a) Residence: No. Pasadena, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 1. 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME William Schramm

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Myrtle Clark

16. BIRTHPLACE (city or town) (State or country) Balt Maryland

17. INFORMANT Univ. Hosp. Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 15. 1937

19. UNDERTAKER Mr & Mrs. John W. Gelpfel Son
(Address) 801 W. Fayette St

20. FILED ... 19 ...
Registrar.

SEP 14 1937 Hunting Ton Mills, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13. 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/10/37, 19..., to 9/13/37, 19...

I last saw her alive on 9/13/37, 19... Death is said to have occurred on the date stated above, at 9 45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea, non-infectious	
Dehydration	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Walter Henry Gerry Jr., M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-6-48 F 39055

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2713 Harlem Avenue St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 Years mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Marie Kirk

If U. S. Veteran specify WAR

(a) Residence: No. 2713 Harlem Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. Herbert Kirk

6. DATE OF BIRTH (month, day, year) May 23rd, 1876

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
61	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME William Renne

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Julia Schneck

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Katherine Foresti (Daughter)
(Address) 635 Linnard Street

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Sept. 15th, 1937

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735 Harford Avenue

SEP 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1936 to Sept. 12, 1937

I last saw her alive on Sept. 12, 1937. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	Indefinite
Other contributory causes of importance: Exhaustion	9/10/37

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. J. Campbell M. D.

(Address) 1674 Hanover St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39056 HEALTH DEPARTMENT—CITY OF BALTIMORE F 39056

CERTIFICATE OF DEATH

14-1-46-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Park Ave. St., 14 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine M. Edmunds If U. S. Veteran specify WAR

(a) Residence: No. 1615 Park Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----

6. DATE OF BIRTH (month, day, year) 9/21/52

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Thomas H. Edmunds

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary D. Crane

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT James R. Edmunds Jr.
(Address) Glen Arm, Balto. Co. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cemy. 9/14/37

19. UNDERTAKER John O. Mitchell Sons
(Address) 1900 Eutaw Place

20. FILED SEP 14 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 37

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14 1936 to Sept. 12 1937

I last saw her alive on Sept. 10 1937 Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Carcinoma -	
Mesenteric lymph glands	

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury?

Name of operation No

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. F. Robinson M. D.
(Address) Medical Arts Bldg.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39057

39057

CERTIFICATE OF DEATH

27-1494-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 Club Road St., 27 Ward)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harriet G. Strobel

(a) Residence: No. 302 Club Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert P. Strobel

6. DATE OF BIRTH (month, day, year) 8/29/72

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	--	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. Zimmerman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Gertrude Goldsborough

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Albert P. Strobel
(Address) 302 Club Road

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cemy. 9/14/37

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED SEP 14 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/12/37

22. I HEREBY CERTIFY, That I attended deceased from 9/11/37 to 9/12/37

I last saw her alive on 9/12/37 Death is said to have occurred on the date stated above, at 8-10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Cond ten minutes	
Other contributory causes of importance: Essential Hy Pertension	1920

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. Gibson Porter, M. D.

(Address) 4822 Roland ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F39058

HEALTH DEPARTMENT—CITY OF BALTIMORE F39058

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2660 Harlem Ave. St., 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Daughtrey.

(a) Residence: No. 2660 Harlem Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Daughtrey.

6. DATE OF BIRTH (month, day, year) June 22.1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frederick Miller.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine ??

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edward Daughtrey.
(Address) 2660 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date SEP 15 1937

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave

20. FILED SEP 14 1937 Millington, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 12 1937

22. I HEREBY CERTIFY, That I attended deceased from 1931, 19 , to Sept 12 , 1937

I last saw h alive on Sept 11 1937. Death is said to have occurred on the date stated above, at 7 40 Am.

The principal cause of death and related causes of importance were as follows:

Myocarditis with Decompensation

Date of onset

Other contributory causes of importance:

Chronic - Endocarditis & Myocarditis.

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) O Walter Sumner M.D. M. D.

(Address) 3603 Edmondson Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

f.39059 O.K.— Raul Schreiber M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

f.3186-a 7.3905

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3314 Lerch Drive St.) (Ward) 24

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lorena Virginia Perry

(a) Residence: No. 3314 Lerch Drive St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) About 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 84	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Dodge Lady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stewart Co 667

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James M. Perry

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Edna Finch

(Address) 3314 Lerch Drive

18. BURIAL, CREMATION, OR REMOVAL Baltimore Penn Date Sept 14 37

19. UNDERTAKER J. H. J. Carter & Bro

(Address) 1 E Pratt

20. FILED SEP 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 22, 1936 to September 12, 1937

I last saw h... alive on September 12, 1937. Death is said to have occurred on the date stated above, at 11:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull Fracture —	9/10/37
Cerebral Concussion —	9/10/37

Other contributory causes of importance:

None —

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/10, 1937

Where did injury occur? Baltimore, Md —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fell off back porch steps of home —

Manner of injury Fell off steps —

Nature of injury Fractured skull —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Landy Edel M. D.

(Address) 3703 Garrison Blvd —

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39060

CERTIFICATE OF DEATH

F 39060

Registered No. 173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Corestine Anderson

(a) Residence: No. 829 Whatcoat St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 12 - 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Clayton Fowlkes

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jane Anderson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Jane Anderson

(Address) 829 Whatcoat St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9/14 37 19

19. UNDERTAKER Thomas E. Kilcoyne

(Address) 1343 Broadway

SEP 14 1937 Huntington Williams M.D.

FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) and from the evidence obtained by inquest Autopsy and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonitis due to Gunshot wound Temporal head	Aug 9 1937

Other contributory causes of importance: —

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 9, 1937

Where did injury occur? 829 Whatcoat St Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Gunshot by bullet

Nature of injury bullet wound of head

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) [illegible]

Information should be carefully supplied. Note that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39061

CERTIFICATE OF DEATH

1-4V95-B 39061

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 s Binny st St., 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARGARET FINNERTY

If U. S. Veteran specify WAR

(a) Residence: No. 1109 Binney St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOW

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of JOHN FINNERTY

6. DATE OF BIRTH (month, day, year) AUG 14 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Cooney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs William Miller
(Address) 136 S curley st

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Sept 15, 1937

19. UNDERTAKER Zeller Bros
(Address) 40 E. Lanvale st

Huntington Williams M.D.
Registrar

SEP 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1934 to Sept 11, 1937

I last saw h.. alive on Sept 6, 1937 Death is said to have occurred on the date stated above, at 5/45 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension C.V. Disease	
Nephritis	8-10-36
Intestinal Failure	9-1-37

Other contributory causes of importance:

Chronic Eczema of both Lower Extremities

Was an operation performed? None Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify

(Signed) Earl Schmuck M. D.

(Address) 842 S Eastern Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 39062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39062

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Peter Kantorsky If U. S Veteran specify WAR World War

(a) Residence: No. Hazelwood Ave. & Jack Lane St., Ward. Raspeburg P.O., Balto. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy Welsch Kantorsky

6. DATE OF BIRTH (month, day, year) July 31, ~~1894~~ 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engraver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jewelry

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Kantorsky

14. BIRTHPLACE (city or town) (State or country) ? Poland

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) ? Poland

17. INFORMANT (Address) Records- U.S. Marine Hospital, Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place U. Cemetery Date Sept. 17 1937

19. UNDERTAKER (Address) Lilly & Miller Inc 703 E. Baltimore St.

20. FILED SEP 14 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 27, 1937 to September 11, 1937

I last saw him alive on September 11, 1937 Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic,	
bilateral, far advanced	1922

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. B. N. a Deusa. M. D.

(Address) U.S. Marine Hospital, Balto. Md.

HLW/g

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39063 F 39063

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 N. Caroline St., 9 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophia L. Travers If U. S. Veteran specify WAR

(a) Residence: No. 1207 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced (or) WIFE of James Travers

6. DATE OF BIRTH (month, day, year) Feb. 14-1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Aaron Cooper

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eliza Bailey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ethel K. Harris, daughter
(Address) 1207 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL ~~Laurel Cemetery Interment Woodlawn~~ Date 9-15-37

19. UNDERTAKER John McDonough
(Address) 1700 Druid Hill Ave.

20. FILED SEP 14 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11th 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-1 1937 to 9-11 1937

I last saw her alive on 9-11 1937. Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular-Renal Disease	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. A. B. Butler M. D.

(Address) 2035 Druid Hill Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39064

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39064

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Aisquith St. 5th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Chesley

If U. S. Veteran specify WAR .....

(a) Residence: No. 207 Aisquith St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Chesley

6. DATE OF BIRTH (month, day, year) 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Richard Chesley

14. BIRTHPLACE (city or town) (State or country) St Inigoes Md

MOTHER

15. MAIDEN NAME Margaret Chesley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm Chesley

(Address) Philada Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lion Date Sept 14, 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED Sept 14 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11. 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1937 to Sept 11 1937

I last saw h.. alive on Sept 11 1937 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Aug 1 1937

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) 0 S Ellwood Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

39065

HEALTH DEPARTMENT—CITY OF BALTIMORE

39065

CERTIFICATE OF DEATH

1 13 46 E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2806 Santa Fe Ave Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Friedman

If U. S. Veteran specify WAR .....

(a) Residence: No. 2806 Santa Fe Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George

6. DATE OF BIRTH (month, day, year)

7. AGE: 73 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: David Nathan
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Ida Rose
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Jack Lewis
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Rosedale Cem. 9/14 1937

19. UNDERTAKER: Jack Lewis Inc
(Address) 1439 E Balto St

20. FILED SEP 14 1937 Wilmington, N.C. Registrar. E K G

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/13 1937

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1937 to Sept. 13, 1937.

I last saw her alive on Sept. 13, 1937. Death is said to have occurred on the date stated above, at 8:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver (Primary)	April 1937

Other contributory causes of importance:

Myocardial decompensation.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Nathan H Shpritz, M. D.

(Address) 2351 Eutaw Pl.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

39066 F 39066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 202 S. Bastle St., V 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes Novak

If U.S. Veteran specify WAR

(a) Residence: No. 202 S. Bastle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 25 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Packing House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME James Novak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Frances Lewonski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Frances Novak

(Address) 202 S. Bastle St

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date Sept 15 1937

19. UNDERTAKER Martin V.E. Duffel

(Address) 37 S Ann St.

SEP 1937

Reg'rar. Wilmington, Del.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12 1937

22. I HEREBY CERTIFY, That I attended deceased from August 7 1937 to September 12 1937

I last saw h 57 alive on September 12 1937 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilated Pulmonary Tuberculosis	1935
Other contributory causes of importance: Cancer of chest - auto accident	Dec 1936

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. F. Braga, M. D.

(Address) 309 S. Bond St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Please accept check as ok. Chas. W. Woodward, Coroner Eastern Police district

F 39067 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

#25402 SF

F 39067

CERTIFICATE OF DEATH

46-F

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Herrin

(a) Residence: No. Orderley's Home-Balto. City Hospt. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 5/30/1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Orderly

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Wellie

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Mary Burr

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mount Olivet Cem. 8-31 1937

19. UNDERTAKER M. Rice Funeral Home
(Address) Baltimore Md.

FILED SEP 14 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-28 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-29 1937, to 8-28 1937

I last saw him alive on 8-28 1937 Death is said to have occurred on the date stated above, at 6:0 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma head of pancreas	unknown
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balt. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39068

CERTIFICATE OF DEATH

20 14 - F 39068

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3400 W. MULBERRY St., 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME HELEN SOUTHWICK

If U. S. Veteran specify WAR .....

(a) Residence: No. 3400 W Mulberry st St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ANTHONY SOUTHWICK ?

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Vincent Matulionis

(Address) 3400 W Mulberry st.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept. 15 1937

19. UNDERTAKER John Grabiauckas

(Address) 23. S. Paca St.

20. FILED SEP 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-11- , 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov- , 1936 to Sept-11- , 1937

I last saw h[illegible] alive on Sept-11- , 1937. Death is said to have occurred on the date stated above, at 1.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the colon	about July 1936

Other contributory causes of importance: none

Was an operation performed? yes Date of may-10-37

For what disease or injury? for obstruction

Name of operation Colostomy Date of —

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify no

(Signed) Herman Seidel , M. D.

(Address) 2404 Eutaw Pl

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39069 HEALTH DEPARTMENT—CITY OF BALTIMORE F 39069

CERTIFICATE OF DEATH 26595--CM 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., V-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Raymer

If U. S. Veteran specify WAR .....

(a) Residence: No. 633 W. Baltimore St., St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella

6. DATE OF BIRTH (month, day, year) 3-4-1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME [redacted] John Rayner

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME [redacted] Elizabeth Hiles

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rockyhill Md Date Sept. 16. 1937

19. UNDERTAKER Fourre & Albaugh
(Address) Woodsboro Md

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-11, 1937 to 9-14, 1937

I last saw him alive on 9-13, 1937 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy of prostate	?
Chronic kidney retention	?
Uremia	9-14
Other contributory causes of importance:	
Diabetes mellitus	?

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosps.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

39070

F 39070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 670 W Franklin St., 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Stanley

(a) Residence: No. 670 W Franklin St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Stanley

6. DATE OF BIRTH (month, day, year) April 17-1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	66	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Frederick Co (State or country) Md

FATHER

13. NAME Charles Stanley

14. BIRTHPLACE (city or town) Frederick Co (State or country) Md

MOTHER

15. MAIDEN NAME Caroline Lewis

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT John L Stanley

(Address) 620 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date Sept 12 1937

19. UNDERTAKER Holthaus Hartzog

(Address) 2-8 E Biddle St

20. FILED Sept 13 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Sept 10 1937

Other contributory causes of importance: None

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation No Date of .....

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Chas. L. Collins M. D.

Coroner

(Address) 20 E Lexington St

Use

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 39071

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39071

CERTIFICATE OF DEATH

24627--E 30

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 5 - 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Major Chatfield

(a) Residence: No. 339 Forrest St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1892?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Henry Chatfield

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Mattie Gibson

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date SEP 14 1937 19
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED SEP 14 1937 19 Registrar

3486 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-9 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-28 1937 to 9-9 1937

I last saw him alive on 9-9 1937. Death is said to have occurred on the date stated above, at 2:45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral renal tuberculosis	2½ months
Uraemia	2 weeks

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

39072 E 39072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 24317 JS 123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Andrew Altvater

(a) Residence: No. 109 N. Aisquith St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Mary Elizabeth

6. DATE OF BIRTH (month, day, year) 2-5-1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1029

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Louisa Merrien

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date SEP 14 1937 19
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED ..... 19..... Registrar

SEP 14 1937 Thomas F. Murphy
3408 D H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-4, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-26, 1937 to 9-4, 1937

I last saw him alive on 9-4, 1937. Death is said to have occurred on the date stated above, at 9:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diverticulitis colon with perforation	Unknown
~~Carcinoma transverse colon perforated~~	~~Unknown~~
~~(To be confirmed pathologically)~~	
Embolism left axillary artery - gangrene arm	8/27

Other contributory causes of importance:

Was an operation performed? Yes Date of 8/26/37

For what disease or injury? Perforation of colon

Name of operation Resection colon - partial Colostomy Rectal Surgery Was there an autopsy? No

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Lt. Woodward Jr. M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

39073 E 39073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1872

1. PLACE OF DEATH Balto. City Hospitals 26-10 94-a cc

CITY OF BALTIMORE: (No.) Bay View St., (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Tosches If U. S. Veteran specify WAR

(a) Residence: No. 313 S. Bouldin St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Tosches

6. DATE OF BIRTH (month, day, year) Feb 24 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing factory

10. Date deceased last worked at this occupation (month and year) Sept 15 37

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Casalvecchio Italy

FATHER

13. NAME Giulio Tosches

14. BIRTHPLACE (city or town) (State or country) Casalvecchio Italy

MOTHER

15. MAIDEN NAME Lucia Calzone

16. BIRTHPLACE (city or town) (State or country) Casalvecchio Italy

17. INFORMANT Rose Tosches

(Address) 313 S. Bouldin

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Sep 15 1937

19. UNDERTAKER Frank Della Rose

(Address) 52 N. Morley St

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	2 years

Other contributory causes of importance: Senile previous Acute

Was an operation performed? No Date of

For what disease or injury?

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Clear W. Wood M. D. Coroner

(Address) 1712 N. Broad St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 6

✓ F 39074

39074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. 23-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 936 Hanover St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? 36 yrs. -- mos. -- ds.

2. FULL NAME Joseph B. Perrica.

If U. S. Veteran specify WAR

(a) Residence: No. 936 Hanover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of Marie Perrica. (1477)

6. DATE OF BIRTH (month, day, year) September 5, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	63	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy.

FATHER

13. NAME Francis Perrica.

14. BIRTHPLACE (city or town) (State or country) Italy.

MOTHER

15. MAIDEN NAME Minnie Balsami/

16. BIRTHPLACE (city or town) (State or country) Italy.

17. INFORMANT Marie Perrica. (wife)
(Address) 936 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Co. Date Sep 16 1937

19. UNDERTAKER Frank Dellor Noce
(Address) 52 N. Motley St

FILED Sep 14 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ~~September 12, 1937~~ September 12, 193

22. I HEREBY CERTIFY, That I took charge of the remains described above, held inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto Reinhard, M. D.
Coroner

9/14/37 (Address) 1017 S. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

39075

CERTIFICATE OF DEATH

61-0F 39075

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens and Caton Ave St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

15-6

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Black

(a) Residence: No. 2407 Westwood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 11 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas Black

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Della Kinnard

16. BIRTHPLACE (city or town) (State or country) Wards Island N.Y.

17. INFORMANT Hospt Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 9/14 37

Fairmount Cem

19. UNDERTAKER Joyce & Fahey

(Address) Fulton & Fayette

20. FILED SEP 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 11 1937 to September 14 1937

I last saw h.i.m alive on September 14 1937. Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atalectasis	9-11-37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph E. Muse Jr. M. D.

(Address) St. Agnes Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39076

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39076
334207

CERTIFICATE OF DEATH

X 159

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-S Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ira McCullough

(a) Residence: No. 821 J St. St., Ward. Sparrows Point Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/5/37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Tillman McCullough

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Lilli Massie

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT JOHNS HOPKINS HOSPITAL Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL SEP 14 1937
Place JOHNS HOPKINS MEDICAL SCHOOL Date 19
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED ..... 19 ..... Registrar.

SEP 14 1937 Hamilton for Williams, Reg.

3491

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept-6, 1937, to Sept-7, 1937

I last saw h.. alive on Sept-7, 1937 Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) James R. Howland M. D.
(Address) Johns Hopkins Hospital

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

39077

Rev. 7-10-26—A Co.—200 Bks.

✓ F 39077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

REGISTERED NO. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Josephs Hospital St. Ward) 24-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J Bailey

(a) RESIDENCE NO. 204 E. Fort Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Agnes Bailey

6 DATE OF BIRTH (month, day, and year) April 28, 1883

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	54	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work City Councilman do

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer Baltimore City

9 BIRTHPLACE (city or town) Baltimore, Maryland

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) Ireland

(State or country)

12 MAIDEN NAME OF MOTHER Catherine Hannon

13 BIRTHPLACE OF MOTHER (city or town) Ireland

(State or country)

14 Informant Ella A. Bailey-wife

(Address) 204 E. Fort Avenue

15 Filed ..... 19 ..... Registrar

P 14 1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11th 1937

17 I HEREBY CERTIFY, That I attended deceased from June 21, 1937 to Sept 11, 1937

that I last saw h. alive on Sept 11, 1937

and that death occurred, on the date stated above, at 4.50 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

Auricular Fibrillation 2

(duration) yrs. mos.

CONTRIBUTORY Diabetes Mellitus

(Secondary)

(duration) 3 yrs. mos.

18 Where was disease contracted —

if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Urinary Exam

(Signed) John C. Schubert M.D.

19 (Address) 1337 S Charles St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem Date of Burial Sept 15 19

20 UNDERTAKER J. A. Krause & Son ADDRESS 1216 S. Cha

NB.—WRITE PLAINLY, WITH INK. ANSWER ALL QUESTIONS. tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

F 39078

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39078

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Ave 25-1 St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr Newton H. Manzer

If U. S. Veteran specify WAR .....

(a) Residence: No. 4 Mt. De Sales Road, Marydale St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maude F. Peeler Manzer

6. DATE OF BIRTH (month, day, year) Jan. 1876.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	7 7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME George F. Manzer

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Clara Whitney

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Mrs. Maude F. Manzer
(Address) 4 Mt. DeSales Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Sept 16/37 19

19. UNDERTAKER Harry A. Kutzke
(Address) 4101 Edmondson Ave.

20. FILED SEP 14 1937 19 Registrar

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13 . 1937

22. I HEREBY CERTIFY, That I attended deceased from August 19 1937 to Sept 13, 1937

I last saw him alive on ....., 19 ..... Death is said to have occurred on the date stated above, at 9:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio Vascular disease	

Other contributory causes of importance:

Benign Hypertrophy of prostate

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Paul F. Mech M. D.

(Address) St. Agnes' Hospital

F 39079

39079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 90-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 546 N Fulton Ave. Ward)

Length of residence in city or town where death occurred 52 yrs. 3 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Marie Reed.

(a) Residence: No. 546 N. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F Reed

6. DATE OF BIRTH (month, day, year) June 1st 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Heise.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Louise Bittera

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT John F Reed. (Husband)
(Address) 546 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept 16th 1937

19. UNDERTAKER Mrs Chas A. J. Rohde
(Address) 2327 Edmondson Ave

20. FILED SEP 14 1937 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 13th 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1937, to Sept 13, 1937

I last saw her alive on Sept. 13, 1937. Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
with right side paralysis	9/13/37
Other contributory causes of importance:	
Arteriosclerosis with Hypertension	1921

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Maurice E. Shamer, M. D.

(Address) 3300 N. North Ave

OCCUPATION is very important. See instructions on back of certificate.

F 39080

39080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 20-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mr Fred Gries

(a) Residence: No. 517 S. Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Gries

6. DATE OF BIRTH (month, day, year) April 21-1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 013

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Andrew Gries

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Josephine Rush

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT St Agnes Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cem Cathedral Date Sept. 16 1937

19. UNDERTAKER George L. Lapchak
(Address) 2101 Frederick Ave.

20. FILED SEP 14 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 2 1937 to September 13 1937

I last saw him alive on Sept. 13 1937. Death is said to have occurred on the date stated above, at 2:22 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	9-2-37
Hypertensive Cardiovascular Renal Disease	?
Chronic Glomerulonephritis	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph E. Muse Jr. M. D.

(Address) St. Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 39081

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39081

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 S Charles St. 23-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 1 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George A. Kuhn

If U. S. Veteran specify WAR

(a) Residence: No. 1516 S Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Kuhn

6. DATE OF BIRTH (month, day, year) Aug 8, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Charles Kuhn

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Dont know

17. INFORMANT Gertrude Kuhn
(Address) 1516 S Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Sept 15 1937

19. UNDERTAKER G. Heyund & Sons
(Address) 1400 S Charles St

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1937 to Sept. 12, 1937

I last saw him alive on Sept. 12, 1937. Death is said to have occurred on the date stated above, at 11:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8/15/37
Other contributory causes of importance:	
Et Lanstein	9/11/37

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If [illegible]

(Signed) R. H. Campbell M. D.

9/13/37 (Address) 1644 Hanover St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

39082 F 39082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md. 3 131

CITY OF BALTIMORE: (No. ..... St. 16 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR War Veteran

2. FULL NAME Martin J. Metz

(a) Residence: No. 103 S. Schroeder St., Balto. St., ... Ward. W. W.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) March 15, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carmen Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad Co

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation unk.

12. BIRTHPLACE (city or town) (State or country) Shaw, West Va.

FATHER

13. NAME Frank Metz

14. BIRTHPLACE (city or town) (State or country) Shaw, West Va.

MOTHER

15. MAIDEN NAME Kathleen Joyce

16. BIRTHPLACE (city or town) (State or country) Kingwood, West Va.

17. INFORMANT Records - U. S. Marine Hospital, (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Balto National Date 9/17-37 19

19. UNDERTAKER Robert Brooks & Son (Address) Calhoun & Hollins sts

20. FILED ..... 19 .....

SEP 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 11, 1937 to September 14, 1937

I last saw him alive on September 14, 1937 Death is said to have occurred on the date stated above, at 9:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, interstitial, chronic	1933
Cardiac disease, myocarditis, chronic	1933
Other contributory causes of importance: Arteriosclerosis, general	1933

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) I. B. H. Anderson M. D.

(Address) U. S. Marine Hospital, Balto. Md.

RLL/6

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

39083 F 39083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Wells

If U. S. Veteran give WAR .....

(a) Residence: No. 6th Street Laurel Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year): May 23 - 1920

7. AGE: Years: 17 | Months: 3 | Days: 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month, day, year): 9/14/37

11. Total time (years) spent in this occupation: 1 Mo

12. BIRTHPLACE (city or town) (State or country): Laurel Md

FATHER

13. NAME: Robert Wells

14. BIRTHPLACE (city or town) (State or country): Laurel Md

MOTHER

15. MAIDEN NAME: Bessie Lanier

16. BIRTHPLACE (city or town) (State or country): Laurel Del

17. INFORMANT: Mrs Sue Laurel Md

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Laurel Md Date Sept 17 37

19. UNDERTAKER: Belle Baker Laurel Md

(Address)

FILED SEP 15 1937 Huntington Williamsport

VSG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9-17-37. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock	
Fract Pelvis ?	
Arterial ? sinal cords	9/14/37

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 9-17 37

Where did injury occur? On Main St Laurel

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Describe how injury occurred Pedestrian ? Truck struck Broke into store crushing him

Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Gurley Coroner M. D.

(Address) 907 N Charles St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39084

39084 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-D

Registered No. 19-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 N. Gilmor St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 11 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Leo Ziegler.

(a) Residence: No. 13 N. Gilmor St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of Elsie M. Ziegler.

6. DATE OF BIRTH (month, day, year) September 29, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Ziegler.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Catherine Ward.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Elsie M. Ziegler. (wife)
(Address) 13 N. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Sept 15th, 1937

19. UNDERTAKER William Cook
(Address) 127 St. Paul St

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto Kinsland X M. D.
Coroner

9/14/37 (Address) 1017 S. Charles St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 15 1937

V S 6

F 39085

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39085

CERTIFICATE OF DEATH

#25336 ST

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Perry Price

If U. S. Veteran specify WAR

(a) Residence: No. 1624 Milliman St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) 9/27/1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
42	42	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Price

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Jane Wright

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date Sept 15 1937

19. UNDERTAKER Robert E Williams

(Address) 1515 Reading St.

20. FILED , 19 Registrar.

SEP 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1937, to September 12, 1937

I last saw him alive on September 12, 1937. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular disease	1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. De Lautelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

39086 E 39086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 Harlem Ave St., 16-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Gordon Jackson

If U.S. Veteran specify WAR

(a) Residence: No. 1314 Harlem Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Alma Jackson

6. DATE OF BIRTH (month, day, year) Sept 5, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	—	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 1937

11. Total time (years) spent in this occupation 23 yrs

12. BIRTHPLACE (city or town) (State or country) Augusta Ga.

FATHER

13. NAME Joseph Jackson

14. BIRTHPLACE (city or town) (State or country) Augusta Ga.

MOTHER

15. MAIDEN NAME Alice Roberts

16. BIRTHPLACE (city or town) (State or country) Augusta Ga

17. INFORMANT Mrs Alma Jackson Wife
(Address) 1314 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date Sept 15, 1937

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 E. Schroeder St.

20. FILED 19 Mrs Katie R. Williams, Undertaker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 . 1937 to Sept 11 . 1937

I last saw him alive on Sept 10 . 1937. Death is said to have occurred on the date stated above, at 7 55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Aug 21 1937
Acute Nephritis	Sept 1937
Myocarditis	" " "

Other contributory causes of importance:

Was an operation performed? No Date of ~~operation~~

For what disease or injury?

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. J. Young M. D.

(Address) 1429 E Monument St

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

#26575 SF

F 39087

CERTIFICATE OF DEATH

✓ 122-4 F 39087

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Novella Foulkes

(a) Residence: No. 1142 N. Carey St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis

6. DATE OF BIRTH (month, day, year) 7/31/1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
37	37	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Bailey

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lilly Hunter

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 9/16/ 1937

19. UNDERTAKER Frances A Hemsley

(Address) 578 W. Biddle St

FILED SEP 15 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-12 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-11, 1937, to 9-12, 1937

I last saw h.e. alive on 9-12, 1937. Death is said to have occurred on the date stated above, at 6.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated umbilical hernia	unknown
Diabetes mellitus	unknown
Broncho pneumonia	9/10

Other contributory causes of importance:

Was an operation performed? Yes Date of 9/10/37

For what disease or injury? Strangulated Hernia

Name of operation Herioplasty

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Lt. Woodward Jr. M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39088 F 39088

CERTIFICATE OF DEATH

Registered No. 27-1164-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6309 Widnes ave St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 11 mos. 30 dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

If U. S. Veteran specify WAR

2. FULL NAME Alice Gertrude Read

(a) Residence: No. 6309 Widnes ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 23 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Duties

10. Date deceased last worked at this occupation (month and year) 9/17/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Andrew J Read

14. BIRTHPLACE (city or town) (State or country) Balto County

MOTHER

15. MAIDEN NAME Frances Buschman

16. BIRTHPLACE (city or town) (State or country) Balto County

17. INFORMANT Ella F Read
(Address) 6309 Widnes ave

18. BURIAL, CREMATION, OR REMOVAL

Place Friends Cem Date Sept 19th 1937

19. UNDERTAKER Geo W Schilling
(Address) 1124-26 E Lexington St

20. FILED ... 19 ... Registrar.

SEP 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning (Accidently gas)	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Chem Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 9/17/37

Where did injury occur? 6309 Widnes ave. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of Injury Turned on gas

Nature of Injury Gas range in cellar

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schneider, M. D.
Coroner

(Address) 1712 E. North ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

39089

HEALTH DEPARTMENT—CITY OF BALTIMORE

39089

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4515 Garrison Ave St. 15-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. 1 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Mann Magruder

If U. S. Veteran specify WAR None

(a) Residence: No. 4515 Garrison Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lyttleton Magruder

6. DATE OF BIRTH (month, day, year) July 21 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Mann

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary J. Crownin

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. Theron M. Magruder (Son)

(Address) 3008 St. Paul Street

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Sept 15, 37

19. UNDERTAKER Steward & Mowen Company

(Address) 109 W. North Avenue

20. FILED SEP 15 1937 [illegible], N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1936 to Sept 13, 1937

I last saw h[illegible] alive on Sept 12, 1937. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	?
Other contributory causes of importance: Cerebral decompensation (Myocarditis)	August 1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas H. Peyton M.D.

(Address) 4436 Maryland Ave

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 390090

CERTIFICATE OF DEATH

34-92 F-a390090

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 W. Mulberry St.) (19-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Allen B. Frazier

(a) Residence: No. 1318 W. Mulberry St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Mary Frazier

6. DATE OF BIRTH (month, day, year): Sept 13, 1896

7. AGE: Years 41 | Months — | Days — | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Savannah Ga

FATHER

13. NAME: Wm Frazier

14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mary Frazier

(Address) 1318 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Cem Date Sept 16 1937

19. UNDERTAKER: Joseph A Fogle

(Address) 6704 Pulaski St

20. FILED SEP 15 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Septr 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 30 1937 to Sept 12 1937

I last saw him alive on Sept 9, 1937 Death is said to have occurred on the date stated above, at 4 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Regurgitation	
Other contributory causes of importance: Heart failure	over

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. F. Revell M. D.

(Address) 601 Carroll Ave

OCCUPATION is very important. See instructions on back of certificate.

39091

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39091

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 59 CC

CITY OF BALTIMORE: (No. Bay View St., [illegible] Ward)

Registered No. 1877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Cora Venie

(a) Residence: No. 216 Pennsylvania Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clarence Venie

6. DATE OF BIRTH (month, day, year) Aug 23 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec 36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kilmarnock Virginia

FATHER

13. NAME Isaac Campbell

14. BIRTHPLACE (city or town) (State or country) Kilmarnock Virginia

MOTHER

15. MAIDEN NAME Tavinia Lewis

16. BIRTHPLACE (city or town) (State or country) Kilmarnock Virginia

17. INFORMANT Rose Jackson (sister)
(Address) 1429 Myrtle Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Belmonte, Va Date 9/16 37 19

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St.

20. FILED SEP 15 1937 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Sept. 12
Other contributory causes of importance: Diabetes	3 mos

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D.
Coroner

(Address) 1712 N. Broadway

STATE CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

39092 E 39092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 N. Stricker St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joshua Hawkins

(a) Residence: No. 1503 N. Stricker St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	col.	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Martha Hawkins

6. DATE OF BIRTH (month, day, year) April 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florida

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Lottie Brown (Address) 526 Buford St.

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Auburn Date 9/16 37

19. UNDERTAKER Thomas E. Kelson (Address) 1603 Presstman St

20. FILED SEP 15 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1937 to Sept 12 1937

I last saw him alive on Sept. 12 1937 Death is said to have occurred on the date stated above, at 7:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal Vascular disease.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. M. Bristow M. D.

(Address) 536 W. Lanvale St.

OCCUPATION is very important. See instructions on back of certificate.

E 39093

HEALTH DEPARTMENT—CITY OF BALTIMORE

39093

CERTIFICATE OF DEATH

√23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 926 N. Stricker St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1840 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Estell B. Allen

(a) Residence: No. 926 N. Stricker St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Allen

6. DATE OF BIRTH (month, day, year) April 14/07

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME Elizabeth Mayse

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Albert Wilkins

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Joseph Allen (Address) 926 N. Stricker St

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Date 9/15 1937

19. UNDERTAKER Thomas E. Kelso (Address) 1313 Bissalman St

20. FILED ..... 19.....

SEP 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-11- 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-14- 1937, to 9-11- 1937

I last saw her alive on 9-11- 1937. Death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Tuberculosis of Lungs	Unknown
Other contributory causes of importance: Same	—

Was an operation performed? No Date of —

For what disease or injury? none

Name of operation —

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas H. Cargill M. D.

(Address) 611 N. Carolina

OCCUPATION is very important. See instructions on back of certificate.

F 39094

39094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. 13-2

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR War Veteran

2. FULL NAME William Phillips

(a) Residence: No. 829 Whatlock St., Balto. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Lonie Williams

6. DATE OF BIRTH (month, day, year) December 12, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --

10. Date deceased last worked at this occupation (month and year) 2 years ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex Co., Va.

FATHER

13. NAME Richard Phillips

14. BIRTHPLACE (city or town) (State or country) Essex Co., Va.

MOTHER

15. MAIDEN NAME Betty Monroe

16. BIRTHPLACE (city or town) (State or country) Essex Co., Va.

17. INFORMANT (Address) Records- U.S. Marine Hospital, Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place National Date 9/17 19 37

19. UNDERTAKER Thomas E. Kelson (Address) 1613 Eastman St

20. FILED SEP 16 1937 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 12, 1937 to September 14, 1937

I last saw him alive on September 14, 1937. Death is said to have occurred on the date stated above, at 6:31a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, chronic, interstitial,	unknown
(nephrosclerosis)	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P. M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. B. N. Anderson, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

OCCUPATION is very important. See instructions on back of certificate.

F 39095

39095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH St Agnes Hospital — Registered No.

CITY OF BALTIMORE: (No. Wilkens & Caton ~~or No.~~ Ward 3)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Julius Schultz — If U. S. Veteran specify WAR

(a) Residence: No. 1916 McHenry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 13, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 9.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Francis Morrison

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Georgianna Gordon

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary Heimzenberger
(Address) 1916 McHenry St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Sept 16/37

19. UNDERTAKER Harry A. Little
(Address) 1401 Edmondson Ave.

20. FILED SEP 13 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1937 to Sept 13, 1937.

I last saw her alive on Sept 13, 1937. Death is said to have occurred on the date stated above, at 3:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Disease -	?
Chronic Glomerulo nephritis	?
Chronic arthritis	?

Other contributory causes of importance:

Probable cerebral vascular accident	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph E. Muse M. D.
(Address) St. Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

SEP 13 1937

39096 O.K. Paul Mundy, M.D. E 39096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

99

1. PLACE OF DEATH Church Home and Infirmary Hospital — 4

CITY OF BALTIMORE: (No. ..... St., 1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Miss Georgie Booze Georgia M. Booze

(a) Residence: No. 1013 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) February 15, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) At present

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Booze

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Harriet Simpson

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Miss Katie Booze (sister)
(Address) 1013 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept. 15, 1937

19. UNDERTAKER Harry F. Mittle
(Address) 1701 Edmondson Ave

20. FILED Sept 15 1937 Huntingdon Pennsylvania, N.J.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11.50 A.M. 9/13, 1937, to 3.40 P.M. 9/13, 1937
I last saw her alive on 3.40 P.M. 9/13, 1937. Death is said to have occurred on the date stated above, at 3.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric thrombosis	Friday 9/10/37

Other contributory causes of importance:

Was an operation performed? Yes Date of 9/13/37

For what disease or injury Mesenteric thrombosis

Name of operation Exploratory laparotomy - jejunostomy Date of 9/13/37

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Hugh C. Hagerty M. D.
(Address) Church Home & Infirmary

OCCUPATION is very important. See instructions on back of certificate.

1937 0

F 39097

HEALTH DEPARTMENT—CITY OF BALTIMORE

39097

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 Light St. 24-3 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Cook

(a) Residence: No. 1203 Light St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Ann Cook

6. DATE OF BIRTH (month, day, year) Apr. 22, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Benjamin Mayhue Cook

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Margaret Burton

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Elmer E. Cook

(Address) McPherson, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept. 16, 1937

19. UNDERTAKER John F. Denny

(Address) 715 Light St.

20. FILED SEP 15 1937, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 29/37, 19.... to Sept 13/37, 19....

I last saw him alive on Sept 13/37, 19.... Death is said to have occurred on the date stated above, at 12.30 p. m.

The principal cause of death and related causes of importance were as follows:

Nephritis, Chronic

Date of onset 6 mos 37

Other contributory causes of importance: Arteriosclerosis

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry B. Coldsmith M. D.

(Address) 120 Light St.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

39098 **HEALTH DEPARTMENT—CITY OF BALTIMORE** VE 39098

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. 4811 Liberty Heights Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. 1 mos. 26 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Helen F. Boone

If U. S. Veteran specify WAR .....

(a) Residence: No. 202 E. 34th St., ... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John R. Boone

6. DATE OF BIRTH (month, day, year) July 18, 1903.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	34	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printers Assistant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Government

10. Date deceased last worked at this occupation (month and year) March 1937

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles H. Garrett

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret A. Rixse

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Wilmer B. Garrett
(Address) 4811 Liberty Hghts. Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Sept. 16, 37

19. UNDERTAKER John H. Hennig
(Address) 745 Light St.

20. FILED ....., 19.....
Registrar.

SEP 15 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13, 19 37

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 19 37 to Sept 13 19 37

I last saw him alive on Sept 13 19 37 Death is said to have occurred on the date stated above, at 2.00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung & Liver	July 15

Other contributory causes of importance:

Carcinoma of Breast - Removed Apr 17 37

Was an operation performed? Yes Date of Apr 17 37

For what disease or injury? Carcinoma of Breast

Name of operation Removal of Breast

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) C. C. Lennig, M. D.

(Address) 4304 Liberty Hgts

HEALTH DEPARTMENT—CITY OF BALTIMORE

39099 F 39099

CERTIFICATE OF DEATH

265293-cF 35a Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City hospitals St. 15-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Allen Aquilla or Guiller.

If U. S. Veteran specify WAR

(a) Residence: No. 1727 Westwood Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Allen Aquilla

6. DATE OF BIRTH (month, day, year): 4-29-1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Addison Aquilla

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Eliza Oliver

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto National Cem. Date: Sept 15 1937

19. UNDERTAKER: Chas. G. Cooper

(Address) 514 E. Calhoun St.

20. FILED 19 Registrar.

SEP 15 1937 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9-11, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-9, 1937 to 9-11, 1937

I last saw h[illegible] alive on 9-11, 1937 Death is said to have occurred on the date stated above, at 1:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Urinary Extravasation	6 days
with uremia.	
	about

Other contributory causes of importance:

Arteriosclerotic Heart Disease?	

Was an operation performed? yes Date of 9-9-37

For what disease or injury? Urinary Extravasation

Name of operation: I & D + suprapubic cystotomy

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. C. Brantigan, M. D.

(Address) Baltimore City Hosp.

F 39100

F 33425 F 33100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 3-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Gramigna

(a) Residence: No. 808 Stiles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pollisetta Gramigna

6. DATE OF BIRTH (month, day, year) 2-2-79

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
(8) 57-58	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joseph Gramigna

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Vincenzo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Sept 17, 37

19. UNDERTAKER Frank Diller Sons
(Address) 121 N. Monroe St.

20. FILED SEP 15 1937, 19 ..... Registrar.

Ft. Fr. Rinaccio, Nj

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept- 4, 1937 to Sept- 13, 1937

I last saw him alive on Sept 13, 1937. Death is said to have occurred on the date stated above, at 4:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis ?	July, 1937

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Frederick H. Hopper M. D.

(Address) 130 N. Patterson Park Ave.

OCCUPATION is very important. See instructions on back of certificate.

39101 E 39101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 6017 Sefton Ave St. 27-S-82-a Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? 38 yrs. mos. da.

2. FULL NAME Giuseppe Scandaliato
If U. S. Veteran specify WAR

(a) Residence: No. 6017 Sefton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Scandaliato

6. DATE OF BIRTH (month, day, year) Aug. 23 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72		21 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Castelvetrano Italy

FATHER

13. NAME Francesco Scandaliato

14. BIRTHPLACE (city or town) (State or country) Castelvetrano Italy

MOTHER

15. MAIDEN NAME Antonina Ingoglia

16. BIRTHPLACE (city or town) (State or country) Castelvetrano Italy

17. INFORMANT Rosa Scandaliato (Wife)
(Address) 6017 Sefton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Sept. 16-37

19. UNDERTAKER Frank Della Noce
(Address) 52 N. Motley St.

FILED 5 1937 19 Registrar

OCCUPATION is very important. See instructions on back of certificate.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Arterio-sclerosis	

Other contributory causes of importance: Cerebral Apoplexy

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Paul Schenker, M. D.
Coroner
(Address) 1114 E. Northern

39102 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 39102

CERTIFICATE OF DEATH

26117 JS

1. PLACE OF DEATH — Registered No. 9-5 51 P

CITY OF BALTIMORE: (No. Balto. City Hospt. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Halbert — If U. S. Veteran specify WAR

(a) Residence: No. 810 Homestead St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Katie Halbert

6. DATE OF BIRTH (month, day, year): 10-29-1866

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Belair Rd Supply Co

10. Date deceased last worked at this occupation (month and year): July 1937

11. Total time (years) spent in this occupation: 20 yrs

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Robert

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Annie Haines

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL — Place: Parkwood Date: Sept 17 37

19. UNDERTAKER: William Cook
(Address) 217 St Paul Street

20. FILED ... (Signature of Registrar)

SEP 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-25, 1937, to 9-14, 1937

I last saw him alive on 9-14, 1937 Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Papillary Carcinoma of Bladder	August 1937
Uremia	few days
Other contributory causes of importance:	

Was an operation performed? Yes Date of 8/30/37

For what disease or injury? Papillary carcinoma Bladder

Name of operation Excision bladder carcinoma

What test confirmed diagnosis Pathology Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) L K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

E 39103

HEALTH DEPARTMENT—CITY OF BALTIMORE

39103

CERTIFICATE OF DEATH

161-D

Registered No. 25-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hosp. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby girl Rogers.

(a) Residence: No. 1651 Eddon St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) Sept 13 '37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1-2 hrs.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Bunting L Rogers.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Anna Bauer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Bunting L Rogers

(Address) 1651 Eddy Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Sept 16, 1937

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

20. FILED 19 Registrar

SEP 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1937, to Sept 14, 1937

I last saw her alive on Sept 14, 1937 Death is said to have occurred on the date stated above, at 1.05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage in brain of Newborne	9-13-37
Other contributory causes of importance: Intracranial hemorrhage	9-13-37

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Were an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. L. Manfield M. D.

(Address) Md General Hosp

39104 F 39104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Little Sisters of the Poor (St.) (Ward) 3

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dennis Hagan

(a) Residence: No. 1466 Williams St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. (If married, widowed, or divorced) HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 8/4/1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice Man
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Michael Hagan
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Cavanaugh
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Little Sisters of the Poor
(Address) Valley & Biddle

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 9/16/37

19. UNDERTAKER John J. Fahey & Sons
(Address) 1918 Light St

Sept 17 1937 19 Filed Sept. 17 1937
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) my (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Chronic Myocarditis	

Other contributory causes of importance:
Cerebral Apoplexy

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1918 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

V S 6

✓ F 39105

F 39105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John F. Parthree Jr.

(a) Residence: No. 650 Lutman Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Parthree

6. DATE OF BIRTH (month, day, year) March 23, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grinder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel 0056

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John F. Parthree

14. BIRTHPLACE (city or town) (State or country) York Penna.

MOTHER

15. MAIDEN NAME Anna Howard

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) Mrs. Anna Parthree 650 Lutman ave.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Date Sept 15 1937

19. UNDERTAKER (Address) John C. Wyatt Jr. 2431 E. Pratt St.

20. FILED ... 19... Registrar

P. 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/13/ 1937

Where did injury occur? Fort Avenue Bldg. & B.&O.R.R. - Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Road

Manner of injury Fell off a railroad

Nature of injury Injuries

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Paul Schenken, M. D. Coroner

(Address) 1912 E. North ave.

OCCUPATION is very important. See instructions on back of certificate.

39106 E 39106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No. .....

1. PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward) 15-2

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward F. Kelly

(a) Residence: No. 19 N. Carey St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Mahoney Kelly

6. DATE OF BIRTH (month, day, year) 2/2/58

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
79	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Court House, Balto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Patrick Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Moore

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary Raggan
(Address) 926 E. Chase Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Sept. 18, 1937

19. UNDERTAKER George J. Ruth, Inc
(Address) 1735 Harford Ave.

20. FILED SEP 16 1937 [illegible] Registrar.

(OCCUPATION is very important. See instructions on back of certificate.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/14/1937

22. I HEREBY CERTIFY, That I attended deceased from 8/1/1937 to 9/14/1937; I last saw him alive on 9/14/1937. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Prostatic hypertrophy with acute urinary retention

Date of onset ...

Other contributory causes of importance:

Uremia

Was an operation performed? Yes Date of 8/7/37

For what disease or injury? Prostatic hypertrophy

Name of operation Prostatotomy

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas B Marck M. D.

(Address) Bon Secours Hosp

39107 E 39107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5-5 131 ✓

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 E. 25th, Street St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lena Johanna Crowley

(a) Residence: No. 1700 E 25th Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James S. Crowley

6. DATE OF BIRTH (month, day, year) August 13th, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hours or minutes
73	I	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Casper Kreuzer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Getz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mabel L. Kelly (Daughter)

(Address) 1700 E. 25th, Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Sept 17th. 1937

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Harford Avenue

20. FILED SEP 16 1937 19 Registrar. Huntington Pimlico, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13th. 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1935 to Sept 13, 1937.

I last saw h[er] alive on Sept 13, 1937. Death is said to have occurred on the date stated above, at 10:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1934

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A. Wolfe M. D.

(Address) 1331 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

F 39108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39108 6-4 108

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lester Mayo

(a) Residence: No. 1813 Orleans St St., Ward. 6 Colen 2
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 19 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemist - Lab

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME John -

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Stella Thomas

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Greenhill N.C. Date Sept 16th 37

19. UNDERTAKER Thos. O'Neal
(Address) 1033 Brantley

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14. 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 19 37 to Sept 14, 1937

I last saw him alive on Sept 14, 19 37 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Sept 37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Palmer H. Fatherree M. D.

(Address) Johns Hopkins Hosp.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE

M. D. P. 1268-9

F 39109

39109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4-6 ✓106-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1726 E. 28th St. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Alfred Cordes

(a) Residence: No. 1726 E 28th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Cordes

6. DATE OF BIRTH (month, day, year) Nov. 14, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship

10. Date deceased last worked at this occupation (month and year) Sept 1933

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Charleston S. C.

FATHER

13. NAME George Cordes

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie Gerdes

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Margaret Cordes

(Address) 1726 E. 28th St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Sept 16, 1937

19. UNDERTAKER John Ulrich

(Address) Lee & Orleans

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1921, to Sept 13, 1937

I last saw him alive on Sept 13, 1937 Death is said to have occurred on the date stated above, at 9:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis & Bronchiectasis	Long duration
Other contributory causes of importance: Senility	5 mos. duration

Name of operation None Date of

What test confirmed diagnosis? Clinical findings & X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Carlton Stewart M. D.

(Address) 1738 E. 28th St

OCCUPATION IS VERY important. See instructions on back of certificate.

39119 39140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9-8 V 137

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2048 Kennedy Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander H B. Monbray

If U. S. Veteran specify WAR

(a) Residence: No. 2048 Kennedy Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella S Monbray

6. DATE OF BIRTH (month, day, year) Dec 7 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick Layer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME George Monbray

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Dora Lenon

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Anna Lembach

(Address) 2713 E North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Sept 16 37

19. UNDERTAKER John Ulrich

(Address) 2106 Orleans

20. FILED SEP 16 1937 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1937, to Sept 14, 1937

I last saw him alive on Sept 13, 1937. Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Hypertrophy,	Unknown
	over
Other contributory causes of importance Toxemia.	Aug 1937
Uremia	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J Price M. D.

(Address) 9362 Monument Ave

39111
39111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137 F 39111

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5629 Greenhill Ave., St., 26th Ward)
Baltimore, Md.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME William Wilbur Linzey

(a) Residence: No. 5629 Greenhill Ave., Balto., Md. St., 26th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Agnes Viola Angel

6. DATE OF BIRTH (month, day, year) July 19, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	2 1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Installer (retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Telephone Co.

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 34yrs.

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME William Linzey

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Baker

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs. William Linzey,
(Address) 5629 Greenhill Ave., Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Sept. 17th 1937

19. UNDERTAKER Frederick Lorkatow Sons
(Address) 7401 Belair Road

20. FILED SEP 16 1937 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from May, 1934, to Sept. 14, 1937

I last saw him alive on Sept. 13th 1937. Death is said to have occurred on the date stated above, at 7:07A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic hypertrophy	1934
Left Hydronephrosis and	over
Pyonephrosis	1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. L. Wilkinson, M. D.
A. L. Wilkinson,
(Address) 5713 Belair Rd., Balto., Md.

OCCUPATION is very important. See instructions on back of certificate.

F 39112

F 39112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

21-2 V 210-M

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. City Hospitals St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME David O'Connor

(a) Residence: No. 913 Ryan St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John O' Connor

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary E. Tierney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Anna Murphy
(Address) 212 S. Vincent St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Cem. Date 9/17/37 19

19. UNDERTAKER John J. Cowan & Son
(Address) 901 Hollins St.

20. FILED SEP 16 1937 [illegible] Registrar.

V S 6

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/14/37 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held [illegible] thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia (Terminal)	9/11 -

Other contributory causes of importance: Toxic Chronic Catarrhal Toxic Infection & febrile 9-9

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: (Accident, suicide, or homicide?) Accident Date of injury 9/9 1937

Where did injury occur? 1 & Washington Blvd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

How injury occurred Struck by auto truck while crossing street

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) Kentucky Derby Style M. D.

(Address) 907 E Fairmount

F 39113

39113 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University St., Kappa Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Baby Boy Hastings

(a) Residence: No. 6516 Mt. Vernon Ave St., County Pikesville, MD Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/23/37

7. AGE	Years	Months	Days	If LESS than 1 day: ... hrs. or 30 min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salisbury, Md
(State or country)

FATHER

13. NAME Wilbur James Hastings

14. BIRTHPLACE (city or town) Salisbury, Md.
(State or country)

MOTHER

15. MAIDEN NAME Cora Lucie Brashears

16. BIRTHPLACE (city or town) Mt. Airy, Md
(State or country)

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

UNIVERSITY MEDICAL SCHOOL AUG 27 1937

Place Date 19

19. UNDERTAKER Per H. A. Moore
(Address)

20. Filed ..... 19 ..... Registrar

27 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/23, 1937 to 8/23, 1937

I last saw him alive on 8/23/37, 19.... Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity - Stillborn	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. C. Coolen, M. D. Coroner

(Address) 2757 W. Lanvale St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39114

CERTIFICATE OF DEATH

28-1 82-W F 39114

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4213 Ridgewood Ave St., Ward)

Length of residence in city or town where death occurred 65 yrs. 10 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME M. Margaret Hain

(a) Residence: No. 4213 Ridgewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 19 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME William G.C.Hain

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth B.Kronmiller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT M.Katherine Hain
(Address) 4213 Ridgewood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Immanuel Cem Date Sept 16 19 37

19. UNDERTAKER Harry M. Mumert
(Address) 4204 Ridgewood Ave

20. FILED SEP 16 1937 19 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 9 37, 19 37 to Sept 13, 19 37

I last saw h[illegible] alive on Sept 14, 19 37 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept 37
Other contributory causes of importance:	
Cystitis Duration	1935

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) W. C. Swanson M. D.

(Address) 4204 Liberty Hgts

OCCUPATION is very important. See instructions on back of certificate.

F 39115

39115 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

8-5 V49-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Catherine Welsh

(a) Residence: No. 1617 Clifview Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Jan 23 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles Welsh

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary McCauley

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT C. Wolfe

(Address) 1617 Clifview Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 9/18/37

19. UNDERTAKER Leonard Peck

(Address) 5300 Harford Rd

20. FILED SEP 18 1937 Wm. H. Krause, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1937 to Sept 15, 1937

I last saw her alive on Sept 15, 1937 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ovary & generalized Carcinomatosis	?
Intestinal Obstruction	Late
	?

Other contributory causes of importance:

Uremia

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — , 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gilbert E. Redman, M. D.

(Address) St. Joseph's Hospital

39116 F 39116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 26-2486-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine M Blanch If U. S. Veteran specify WAR .....

(a) Residence: No. 4825 Blair Rd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Blanch

6. DATE OF BIRTH (month, day, year) Nov ? 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Francis K Spina

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Sophia Koptis

16. BIRTHPLACE (city or town) (State or country) Greece Sparta

17. INFORMANT James Blanch (Address) 4825 Blair Rd

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer 9/8/37

19. UNDERTAKER Leonard J Reich (Address) 5305 Harford Rd

20. FILED ... 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1st, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest found that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of both wrists	

Other contributory causes of importance:

Broncho-pneumonia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Shock Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 1 1937

Where did injury occur? 4825 Blair Rd - Balto, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down steps

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1912 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

VS 6

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39117 — 173 F 39117

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hos. St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Cornelius Taylor

(a) Residence: No. Jenkins Bridge, Va. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Shay

6. DATE OF BIRTH (month, day, year) 2/21/73

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Alfred Taylor

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Virginia Boggs

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Francis M. Taylor

(Address) 1841 N. Collington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill, Va. Date 9/18/37. 19

19. UNDERTAKER Geo. O. Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED SEP 16 1937 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of brain + left thorax.	9/15/37
Other contributory causes of importance: Abscess of brain	

Was an operation performed? Yes Date of 9/11/37

For what disease or injury? Abscess of brain

Name of operation Craniotomy Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ? Date of injury ..... 19.....

Where did injury occur? Jenkins Bridge - Va. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Deceased was shot in same manner but was unable to

Nature of injury [illegible]

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenken, M. D. Coroner

(Address) 1712 E. Pratt Ave

39118

HEALTH DEPARTMENT—CITY OF BALTIMORE

39118

CERTIFICATE OF DEATH

20-3 82-a

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1931 Christian St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elmer J. Rothauge. — If U. S. Veteran specify WAR None.

(a) Residence: No. 1931 Christian St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret E. Rothauge

6. DATE OF BIRTH (month, day, year) October 9-1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron-Worker. 708

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George H. Rothauge

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Louise Emma

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Margaret E. Rothauge
(Address) 1931 Christian St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Sept. 17- 1937

19. UNDERTAKER Charles J. Schwab.
(Address) 505 N. Fremont St.

20. FILED SEP 18 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1937 to Sept 17, 1937
I last saw h... alive on Sept 17, 1937 Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential hypertension	3 yrs
	3 yrs
Other contributory causes of importance: Cerebral hemorrhage	1 day

Was an operation performed? no Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Benjamin Miller, M. D.
(Address) 1230 Wilkens Ave

39119 F 39119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 20-493-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2139 W Baltimore St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth W. Williams

If U. S. Veteran specify WAR

(a) Residence: No. 2139 W Baltimore St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edward S. Williams

6. DATE OF BIRTH (month, day, year) Sept 6 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME George A. Weller

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Soller

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Miss Bne E. Williams
(Address) 2139 W Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date Sept 16/37

19. UNDERTAKER: J. B. Hilgenfeldt Sons
(Address) 1300 Eutaw Place

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1936 to Sept 13 1937

I last saw h alive on Sept 13 1937 Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	

Other contributory causes of importance:

Arterial Hypertension
Chronic Nephritis

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. H. Carmichael M. D.

(Address) 4209 Hudson Ave

OCCUPATION IS VERY important. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

F 39120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39120 C

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 1972

CITY OF BALTIMORE: (No. Bay View St., 2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Rosetta Brooks — If U. S. Veteran specify WAR

(a) Residence: No. 1422 W. Franklin St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced (or) WIFE of Grant T. Brooks

6. DATE OF BIRTH (month, day, year) Oct 14-1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) About 6 years ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Viola Pierce

(Address) 1422 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lion Date Sept 17 37

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 S. Schroeder St

FILED SEP 16 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure due to Arteriosclerotic heart Disease,	2 Wks

Other contributory causes of importance No History

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Clinical Date of —

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D. Coroner

(Address) 1712 N. Broadway

OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39121

CERTIFICATE OF DEATH

46-BF 39121

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1367 Whatcoat St., 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Forsyth

If U.S. Veteran specify WAR ...

(a) Residence: No. 1367 Whatcoat St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Smith

6. DATE OF BIRTH (month, day, year) 9-14-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME John Barnett

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Charles Smith

(Address) 1367 Whatcoat st

18. BURIAL, CREMATION, OR REMOVAL Buckingham Co. Va

Place Brems Bluff Date 9/17 '37

19. UNDERTAKER Lloyd H. Nelson

(Address) 1303 Pennsylvania Ave

SEP 16 1937

... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 15 1937 to Sept 7 1937

I last saw h... alive on Sept 13 1937 Death is said to have occurred on the date stated above, at 930 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	July 15/37
Other contributory causes of importance:	
	1/37

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) B. F. Valentine M. D.

(Address) 1/2 N Va Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39122

CERTIFICATE OF DEATH

34 F 39122

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Wright

If U. S. Veteran specify WAR .....

(a) Residence: No. 1507 Woodyear St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Hazel

6. DATE OF BIRTH (month, day, year) Nov 29, 1916

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
21 yr	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dishwasher 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Robert Wright

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Anne Wisley

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Cem. Date 9/18 37

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Passaconaway Rd

20. FILED ..... 19 ..... Registrar.

SEP 19 1937

V 0 2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/11, 1937 to 9/14, 1937

I last saw h... alive on 9/14, 1937 Death is said to have occurred on the date stated above, at 1:15 A. m.

The principal cause of death and related causes of importance were as follows:

Acute Arteriolar Glomerular Nephritis — Date of onset 8/27

Other contributory causes of importance:

Pulmonary Edema

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Richard H. Pembroke Jr. M. D.

(Address) Mercy Hospital

39123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

6-1 23 F 39123

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 6-1

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Fraley (16586)

(a) Residence: No. 106 N. Hare St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 4, 1892 (1893)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44 ~~45~~	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 016

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Finn

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hollywood Date 9/17/37

19. UNDERTAKER John A. Moran
(Address) 3000 E. Baltimore St.

20. FILED SEP 16 1937 [illegible] Williams, M.D.

SEP 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 22, 1936 to Sept. 13, 1937

I last saw him alive on September 13, 37 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs — Date of onset July 1936

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Leo M. Curtis, M. D.

(Address) Baltimore City Hospitals

39124

HEALTH DEPARTMENT—CITY OF BALTIMORE

39124

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., 13-6 (Ward)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Andrew Mason Doome

If U. S. Veteran specify WAR Spanish Amer.

(a) Residence: No. 3418 Keswick Rd., Balto. Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wortley Smith

6. DATE OF BIRTH (month, day, year) March 26, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Navy Yard

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Staunton, Va.

FATHER

13. NAME Marco Doome

14. BIRTHPLACE (city or town) (State or country) Winchester Va.

MOTHER

15. MAIDEN NAME Emma Willis

16. BIRTHPLACE (city or town) (State or country) ? Virginia.

17. INFORMANT Records- U.S. Marine Hospital (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place Norfolk Va Date 9-17-37

19. UNDERTAKER Robert Brooks & Son (Address) Calhoun & Hollins Sts

20. FILED ..... 19 ..... Registrar.

SEP 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 11, 1937 to September 15, 1937

I last saw him alive on September 15, 1937. Death is said to have occurred on the date stated above, at 2:25p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, far advanced	1933

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) T. B. H. Andrew M. D.

(Address) U.S. Marine Hospital, Balto. Md.

HLW/g

F 39125

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39125

CERTIFICATE OF DEATH

46-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital ..... Ward) 11-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herbert Kaufman

If U. S. Veteran specify WAR .....

(a) Residence: No. North Point Road Balto. Co., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alma Kauffmann

6. DATE OF BIRTH (month, day, year) March 11-1884.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Corp.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Alma Kauffmann

(Address) Rt. 1 Box 225 Francis Point.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Sept. 16 19 37

19. UNDERTAKER George W. Zinkham

(Address) 1737 E. Eager St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/15/37 19

22. I HEREBY CERTIFY, That I attended deceased from 4/11 1937 to 9/15 1937

I last saw him alive on 9/15 1937 Death is said to have occurred on the date stated above, at 9:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid & Bladder	
Other contributory causes of importance: Fecal Fistula	

Was an operation performed? Yes Date of 4/21/37

For what disease or injury? Carcinoma of Sigmoid & Bladder

Name of operation Laparotomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) L. F. Johnston Jr. M. D.

(Address) Md. General Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

2238

F 39126

CERTIFICATE OF DEATH

F 39126

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3735 Resistertown Rd St., Ward) 46-C (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. 3-1 If U. S. Veteran specify WAR

2. FULL NAME Julius Babkoff

(a) Residence: No. 1609 E. Pratt St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Rose Babkoff

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Babkoff

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rose

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Hesser (Address) 3735 Pratt. Rd.

18. BURIAL, CREMATION, OR REMOVAL Date 9/16 1937

Place Woodlawn

19. UNDERTAKER Jacob Levine (Address) 1432 Bath St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937 to Sept 15 1937

I last saw h.. alive on Sept 11 1937 Death is said to have occurred on the date stated above, at 5.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of transverse colon	
c metastases to liver.	
Other contributory causes of importance:	

Was an operation performed? yes Date of June 14, 1937 (approx.)

For what disease or injury? Ca of colon.

Name of operation Resection of colon

What test confirmed diagnosis? clinp. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Henry B. Mateer M. D.

(Address) 2238 Eutaw Place.

VS 3

SEP 16 1937

F 39127

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39127

CERTIFICATE OF DEATH

15-4 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1909 McKean Ave St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles O. Hospel

If U.S. Veteran specify WAR .....

(a) Residence: No. 1909 McKean Ave. St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Josephine Hoffman

6. DATE OF BIRTH (month, day, year) July 8 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Conrad Hospel

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Elizabeth Brand

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Josephine Hospel
(Address) 1909 McKean Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 17 19 37

19. UNDERTAKER Martin Fisher & Sons
(Address) 1827 E. Pratt St.

20. FILED ... Registrar

SEP 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14 1937

22. I HEREBY CERTIFY, That I attended deceased from January 1 1937 to Sept 14 1937

I last saw him alive on Sept 13 1937. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pyloric end of Stomach	7/1/37

Other contributory causes of importance:

Was an operation performed? Yes Date of June 1937

For what disease or injury? Carcinoma of stomach

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Herbert F. Fullerman M. D.

(Address) 6 East Biddle St

F 39128 HEALTH DEPARTMENT—CITY OF BALTIMORE F-39128

CERTIFICATE OF DEATH

82-2

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 S. Kenwood Ave. St., ... Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Rusinek

(a) Residence: No. 824 S. Kenwood Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gabryel Rusinek

6. DATE OF BIRTH (month, day, year) Feb. 16 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unk.

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Swinton

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Marie Rusinek

(Address) 824 S. Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Sept 19, 37

19. UNDERTAKER Fred W. Brazenski

(Address) 1930 Eastern Ave.

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1937 to Sept 15 1937

I last saw h.r alive on Sept 15 1937 Death is said to have occurred on the date stated above, at 11 45pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Arterio Sclerosis	Ov. 1-36

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) William J. Rosario M. D.

(Address) 801 2 Penna Ave

VS 3

P 10 1931

HEALTH DEPARTMENT—CITY OF BALTIMORE

39129 F 39129

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1128½ E Lexington St., 5 (Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H Lynn

(a) Residence: No. 1128½ E Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margie Lynn

6. DATE OF BIRTH (month, day, year) Aug 22-1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Perry Lynn

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Carrie White

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ethel Cole
(Address) 1128½ E Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date Sept 17 1937

19. UNDERTAKER Mrs. P. G. Elliott & Daughter
(Address) 1129 E. Caroline St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14 1937

I HEREBY CERTIFY, That I attended deceased from July 6 1937 to Sept 14 1937

I last saw him alive on Sept 14 1937. Death is said to have occurred on the date stated above, at 150p m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis — Date of onset July 6 1937

Other contributory causes of importance: Essential Hypertension — Date of onset July 1934

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Urine Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Roger S. Allen M. D.

(Address) 50 Pleasant St.

39130 HEALTH DEPARTMENT—CITY OF BALTIMORE

VE 39130

46-C

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8-1 Ward)

Length of residence in city or town where death occurred 61 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR Spanish Amer.

2. FULL NAME Michael J. Nelson

(a) Residence: No. 2800 Clifton Park Terrace St., ... Ward.
(Usual place of abode) Balto. Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice League Nelson

6. DATE OF BIRTH (month, day, year) June 14, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contracting

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Peter Nelson

14. BIRTHPLACE (city or town) (State or country) ? Austria

MOTHER

15. MAIDEN NAME Mary McNeal

16. BIRTHPLACE (city or town) (State or country) Co. Cork Ireland

17. INFORMANT Records- U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Mem. Date Sept. 18 1937

19. UNDERTAKER Lilly & Zeiler INC.
(Address) 403 S. Wolfe St.

20. FILED ..... 19..... Registrar.

SEP 3 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 3, 1937, to September 15, 1937
I last saw him alive on September 15, 1937. Death is said to have occurred on the date stated above, at 10:01 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of sigmoid flexure	1935
Peritonitis, generalized, acute	9-4-37
Other contributory causes of importance:	

Was an operation performed? Yes Date of 9-13-37

For what disease or injury? Cancer of sigmoid flexure

Name of operation Exploratory laparotomy, Colostomy

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) J. B. W. Anderson M. D.

(Address) U. S. Marine Hospital, Balto.

HLW/g

39131

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39131

CERTIFICATE OF DEATH

52

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 N . KENWOOD ave. St. 6-W Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME WILLIAM A. COLLINS

(a) Residence: No. 424 N. KENWOOD AVE St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of BARBARA COLLINS

6. DATE OF BIRTH (month, day, year) MAY ? 1863

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
74	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MERCHANT

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME GEORGE COLLINS

14. BIRTHPLACE (city or town) (State or country) BALTO. MD.

MOTHER

15. MAIDEN NAME REBECCA ?

16. BIRTHPLACE (city or town) (State or country) BALTO. MD.

17. INFORMANT MRS. OWENS DAUGTHER

(Address) 424 N KENWOOD AVE .

18. BURIAL, CREMATION, OR REMOVAL

Place OAK LAWN Date SEPT. 17 19 37

19. UNDERTAKER Lilly Zeilenhos

(Address) 403 S. WOLFE ST.

20. FILED SEP 19 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEPT 14. 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19.. I last saw h.. alive on ..... 19.. Death is said to have occurred on the date stated above, at 1/15 m. pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of face	1934
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) .....

39132 ✓ E 39132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 24602 (MB) 26

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 6-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Randolph

If U. S. Veteran specify WAR .....

(a) Residence: No. 119 N. Maderia St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/4/1924

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	12	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School girl

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Walter

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Ada Blackston

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 9/17 1937

19. UNDERTAKER Wm A Jackson
(Address) 916 Penna ave

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-26, 1937, to 9-14, 1937

I last saw her alive on 9-14, 1937. Death is said to have occurred on the date stated above, at 10:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis dorsal vertebrae	1936 Month Unknown
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Lit Woodward Jr M. D.

(Address) Balto. City Hosp.

VS 3

17

F 39133

39133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Lexington

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 Grane Road 25 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter J. Lockard

(a) Residence: No. 602 Grane Rd. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emily Burdine Lockard

6. DATE OF BIRTH (month, day, year) Aug 26, 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75 yrs	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 27 yrs

12. BIRTHPLACE (city or town) (State or country) Green Ridge Balto Co Md.

FATHER

13. NAME John Thomas Lockard

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md

MOTHER

15. MAIDEN NAME Elizabeth Saunders

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md

17. INFORMANT Mrs Emily Lockard

(Address) 602 Grane Road

18. BURIAL, CREMATION, OR REMOVAL

Place Leatherbee Date Sept 18 1937

19. UNDERTAKER Edwin W. Conklin & Son

(Address) 924 E. Lager St.

20. FILED Sept 17 1937 Huntington Ave. Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 1936 to Sept 15 1937

I last saw ... alive on 9/15/37, 19 ..... Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1 year
Glomerular Nephritis	3 yrs
Other contributory causes of importance	
Uremic Coma	4 days
Arteriosclerosis	15 yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. W. Bonelli M. D.

(Address) 4213 Frederick Rd.

5 17

✓ F 39134

39134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 S. Exeter St. 3-2 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Rosa Di Marco

(a) Residence: No. 224 S. Exeter St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Sept 4 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cefalu' Italy

FATHER

13. NAME Crispino Di Marco

14. BIRTHPLACE (city or town) (State or country) Cefalu' Italy

MOTHER

15. MAIDEN NAME Teresa ?

16. BIRTHPLACE (city or town) (State or country) Cefalu Italy

17. INFORMANT Mrs. LAZZARO

(Address) 224 S. Exeter St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Sept 17-37

19. UNDERTAKER Frank Della Rocca

(Address) 52 N. Motley St.

20. FILED SEP 16 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14th 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 7th 1937 to Sept 13th 1937

I last saw her alive on Sept 13th 1937 Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset ?

Other contributory causes of importance:

Hypertension
Arteriosclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? ?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. J. Tanker M. D.

(Address) 119 N Milton Ave

F 39135

9135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 26463 (MB)

1. PLACE OF DEATH — Registered No. 82

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 25 yrs. ..... mos. ..... ds.

2. FULL NAME Paul Sisolak — If U. S. Veteran specify WAR .....

(a) Residence: No. 5th Avenue (Usual place of abode) St., ... Ward. ..... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Catherine Sisolak

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Europe

FATHER

13. NAME Unknown — John Sisolak

14. BIRTHPLACE (city or town) (State or country) Unknown — Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Sept 17, 1937

19. UNDERTAKER Frank Brock & Son (Address) 1906 Eutaw Pl

20. FILED SEP 17 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 6, 1937, to September 14, 1937

I last saw him alive on September 14, 1937 Death is said to have occurred on the date stated above, at 2:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9-6-37
Other contributory causes of importance: Cerebral hemorrhage	9-4-37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. De Lautelle M. D.

(Address) Baltimore City Hospitals

VS 3

F 39136

39136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 W North ave St. 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Israel Goldstein

If U.S Veteran specify WAR

(a) Residence: No. 1204 W North ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Esther

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ladies Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Wastya Goldstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Jennie ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel Goldstein

(Address) 1204 W North ave

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Sinai ave Date Sept 17 1937

19. UNDERTAKER Sol Levinson Bros

(Address) 1116 Pa ave Baltimore

20. FILED Sept 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to Sept 16, 1937

I that saw him alive on Sept 15, 1937. Death is said to have occurred on the date stated above, at 6.00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Coronary sclerosis & Angina pectoris	
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? cl Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Henry B. Mahaven M. D.

(Address) 2238 Eutaw Place

SEP 17 1937

F 39137

39137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 Calvin Ave St., 12-2 Ward)

Length of residence in city or town where death occurred 71 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George U. Schmidt

(a) Residence: No. 406 Calvin Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Edith R Schmidt

6. DATE OF BIRTH (month, day, year) Jan 8 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Van Lill Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Roth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Edith R Schmidt

(Address) 406 Calvin Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Sept 18 1937

19. UNDERTAKER John F Penny

(Address) 1715 Light St

20. FILED ..... 19..... Registrar.

SEP 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug-7- 1937 to Sept-15- 1937

I last saw him alive on Sept-14- 1937. Death is said to have occurred on the date stated above, at 5.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of femur - with abdominal metastasis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) J. B. Boyle M. D.

(Address) 5309 - Harford Rd

F 39138

HEALTH DEPARTMENT—CITY OF BALTIMORE

39138

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Union Memorial Hospital — Registered No. .....
CITY OF BALTIMORE: (No. Parkton Balt St. 92 Ward) 2 — (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME — Alden Brown Ensor
(a) Residence: No. Parkton Balt Co Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 14 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	1	2.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Parkton Md

FATHER
13. NAME Marion Ensor
14. BIRTHPLACE (city or town) (State or country) Parkton Md.

MOTHER
15. MAIDEN NAME Sarah Grant
16. BIRTHPLACE (city or town) (State or country) White Hall Md. Emaus

17. INFORMANT Marion Ensor (Address) Parkton, Md

18. BURIAL, CREMATION, OR REMOVAL. Place Stabler Date Sept 18 1936

19. UNDERTAKER P. Magaha Sons (Address) White Hall Md

20. FILED Sept 17 1937 Huntington Whitehall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows: — Date of onset

Strychnine Poison 9.16
Accidental Death

Other contributory causes of importance: Take Tab of Strychnine Instead of Aspirin

Was an operation performed? — Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide or homicide~~? Date of injury ..... 19....
Where did injury occur? Parkton (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) John A Crane M. D.
Coroner
(Address) Coroner

V S 6

F 39139

F 39139 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. ____

CITY OF BALTIMORE: (No. University Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 3 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mo. ____ ds.

2. FULL NAME Walter Lacy, Jr. ((Lachajczyk))

(a) Residence: No. Ruth Av., Edgemere St., Ward Balto Co Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 2, 1934

7. AGE	Years	Months	Days	If LESS than 1 day..... hrs. or min.
	3	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (0)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Walter Lacy

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anna Kisielewski

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Father. — Walter Lacy
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart of Mary Sept 18 1937

19. UNDERTAKER George A. Weber
(Address) 705 S. Ann Street

20. FILED SEP 17 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1937, to Sept 16, 1937.
I last saw him alive on Sept 15, 1937. Death is said to have occurred on the date stated above, at 7:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Bronchial.	?
Cardiac Dilatation.	
Myocardial Insufficiency.	
Other contributory causes of importance:	over

Was an operation performed? No Date of ____

For what disease or injury? ____

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Thurston P Adams, M. D.

(Address) Univ. Hosp.

Estroff

F 39140

F 39140 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X V 467

7-5

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S. If of foreign birth? 38 yrs. mos. ds.

2. FULL NAME Mr Harris Estroff

(a) Residence: No. Bland cor 7 t. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dora

6. DATE OF BIRTH (month, day, year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel Estroff

(Address) Lakeland Fla

18. BURIAL, CREMATION, OR REMOVAL

Savannah Ga. Date 9/17/37 19

19. UNDERTAKER Jack Lewis Inc

(Address) 1439 E. Balto st

20. FILED 19

SEP 17 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 . 1937 to Sept 17 . 1937

I last saw him alive on Sept 17 . 1937 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Failure	Sept 15, 1937
Other contributory causes of importance: Uremia	Sept 7
Carcinomatosis (over)	Feb, 1937

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alfred I Schwartz M. D.

(Address) Sinai Hospital

39141 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 39141

CERTIFICATE OF DEATH

15-956

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3122 Oakfield ave St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Stein
If U. S. Veteran specify WAR .....

(a) Residence: No. 3122 Oakfield ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Maurice

6. DATE OF BIRTH (month, day, year) Dec 8/1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	9	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER
13. NAME Max Weinstein
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Esther Y. Zulis
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Maurice Stein
(Address) 3122 Oakfield ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Sept 17 1937

19. UNDERTAKER Sol Levinson & Bro.
(Address) 1126 W Baltimore

SEP 17 1937 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1937, to Sept 16, 1937
I last saw her alive on Sept 14, 1937 Death is said to have occurred on the date stated above, at 3:15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis Lenta	Dec. 36
Other contributory causes of importance: Rheumatic Endocarditis	Not Known

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Emmanuel Libman M. D.
(Address) 810 Eutaw Place

Attending Physician, M.D.
Coroner

F 39142

39142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27-17 V
948

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Belair Rd. & Stanwood Ave., Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lucius E. White

(a) Residence: No. 2711 Belvedere Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Lillian Scott White ?

6. DATE OF BIRTH (month, day, year) Jan 12 1873 ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Glen Alpine N.C.

FATHER

13. NAME Joseph E White

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Margaret Shell

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Mrs Frederick S. Maier

(Address) 706 Hathersleigh Road

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Sept. 17-37

19. UNDERTAKER Clem F B Hyppert & Son

(Address) 3600 Eastern Ave

20. FILED Sept 16 1937 [illegible] Registrar.

V 8 1937 0

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an injury thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said injury find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombus	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Wheeler, Coroner, M. D.

(Address) 1919 E. North Ave.

F 39143

HEALTH DEPARTMENT—CITY OF BALTIMORE

39143

CERTIFICATE OF DEATH

27-5 V 50

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3224 Orlando Ave., St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie V. Smith,

(a) Residence: No. 3224 Orlando Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White-	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William A. Smith

6. DATE OF BIRTH (month, day, year) Dec. 28, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

0037

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME John Neidhardt

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Annie Becker

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mr. W. A. Smith,
(Address) 3224 Orlando Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Sept. 18, 1937

19. UNDERTAKER Frederick Rossbach Inc.
(Address) 7401 Belair Road

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1937, to Sept. 15, 1937

I last saw h.... alive on Sept. 15, 1937. Death is said to have occurred on the date stated above, at 2:40 P. M.

The principal cause of death and related causes of importance were as follows:

Metastatic Carcinoma of Right Breast — Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? yes Date of .....

For what disease or injury? Carcinoma, right breast

What test confirmed diagnosis? biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Nathan Feinberg, M. D.

(Address) 710 Whitford Road

SEP 17 1937 Huntington Station, N.Y.

39144 E 39144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12 - 6 V93C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 W. 27th St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Blanche R. Rock

(a) Residence: No. 116 W. 27th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: RUSBAND of (or) WIFE of Everett Torsie Rock

6. DATE OF BIRTH (month, day, year) Sept. 3rd 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

FATHER

13. NAME Charles Neale

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

MOTHER

15. MAIDEN NAME Barbara Herman

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

17. INFORMANT Everett Torsie Rock
(Address) 116 W. 27th St.

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Date Feb. 18, 1937

19. UNDERTAKER Fidelity Funeral Home
(Address) 1401 Eutaw Place

20. FILED 19 Registrar

FEB 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1937 to Feb. 16, 1937

I last saw her alive on Feb. 16, 1937 Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pneumonia	Feb. 13, 1937
Other contributory causes of importance: Chronic Myocarditis	indefinite
Acute	

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. E. Richardson M. D.

(Address) 113 W. 25th St.

M. D. H. 1268-9

F 39145

HEALTH DEPARTMENT—CITY OF BALTIMORE

39145

CERTIFICATE OF DEATH

8-1 V 178 D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3100 Mareco Ave. St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lewis A. Shanklin

(a) Residence: No. 3100 Mareco Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Shanklin

6. DATE OF BIRTH (month, day, year) Sept. 13, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 6066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Merchandise

10. Date deceased last worked at this occupation (month and year) Sept. 14, 1937

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Frederick C. Shanklin

14. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

MOTHER

15. MAIDEN NAME Ella O. Kidd

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mrs. Shanklin
(Address) 3100 Mareco Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Sept. 18, 1937

19. UNDERTAKER Frederick Funeral Home
(Address) 7401 Belair Road

20. FILED SEP 17 1937, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypotension	
Syncope	

Other contributory causes of importance: Cardiac Enlargement (Probable)

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/15/37

Where did injury occur? 3100 Mareco Ave. Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fainted at wheel & rubbed against gas.

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Paul Schenken, M. D.
Coroner

(Address) 7112 E. Northern Ave

F 39146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 F 39146

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 Hanford Ave 10-1 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Bailey

(a) Residence: No. 1008 Hanford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 13-1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	7 10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Irvin Bailey

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Lucy Barnes

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Lucy Washington

(Address) 1008 Hanford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date Sept 18, 1937

19. UNDERTAKER Wm F Elliott - daughter

(Address) 1129 Carlton st

SEP 17 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1937 to Sept 16, 1937

I last saw her alive on Sept 15, 1937 Death is said to have occurred on the date stated above, at 3.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Sept 9 1937
Other contributory causes of importance:	over

Was an operation performed? none Date of

For what disease or injury? none

What test confirmed diagnosis? Histology Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George. S. Allen, M. D.

(Address) 560 Augusta St.

F 39147

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39147

CERTIFICATE OF DEATH

11-4131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 Madison Ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Estelle D. Hughes

If U. S. Veteran specify WAR .....

(a) Residence: No. 1205 Madison Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of John Hughes

6. DATE OF BIRTH (month, day, year) July 31, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Johnson

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Elizabeth Montogery

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT John Hughes

(Address) 1205 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Sept 19 '37 19

19. UNDERTAKER Jno. Geo. N. Rollauf

(Address) 631 Penna Ave

20. FILED SEP 17 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1937 to Sept 15, 1937

I last saw She alive on Sept 15, 1937. Death is said to have occurred on the date stated above, at 8.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficency	April 1937
Other contributory causes of importance: Hypertension	April 1937
Nephritis Interstitial	1 0

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

no If so, specify .....

(Signed) R. J. Young M. D.

(Address) 1429 N Monument St

39148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a F 39148
11-2

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edgeworth Fessenton

(a) Residence: No. 918 Cathedral St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 24-1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher Public School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1168

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James E. Fessenton

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Emma Ford

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Emma Fessenton (Address) 918 Cathedral St

18. BURIAL, CREMATION, OR REMOVAL Place Int. Auburn Date Sept 18 37

19. UNDERTAKER Jno. Geo. H. Holland (Address) 1621 Druid Hill Ave

20. FILED SEP 17 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Sept 14 1937

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen Coroner M. D.

(Address) 5 S. Gay St

F 39149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39149

1. PLACE OF DEATH Good Shepherd General Hospital Registered No. 17159

CITY OF BALTIMORE: (No. 2510 N. Gilmore St., 17 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Wesley If U.S. Veteran specify WAR

(a) Residence: No. 603 W. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Wesley

6. DATE OF BIRTH (month, day, year) 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. J.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT George Wesley

(Address) 603 W. Biddle

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Sept 18 37

19. UNDERTAKER James A Hayes

(Address) 1142 W Fred St

Huntington Williams, Mgr

17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 23 37 to Sept 14, 1937

I last saw him alive on Sept 14 1937 Death is said to have occurred on the date stated above, at 1.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Gangrene of right foot	

Other contributory causes of importance:

Was an operation performed? yes Date of Aug 27-37

For what disease or injury? Gangrene of right foot

What test confirmed diagnosis? Clinical Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. D. Hughes M. D.

Sept 16/37 (Address) 1413 Druid Hill Ave

Shamm 700 N. Fulton

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39150

CERTIFICATE OF DEATH

9-15-37

F 39150

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Rogers Ave St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Abbott

If U. S. Veteran specify WAR

(a) Residence: No. 2211 Rogers Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Eliza Abbott

6. DATE OF BIRTH (month, day, year): Jan 2-1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Francis Abbott

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Nellie Nickens

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: M. B. Trout

(Address) Home for the Aged

18. BURIAL, CREMATION, OR REMOVAL

Place: Fox Chest Date: Sept 17 37

19. UNDERTAKER: William Cook

(Address) 1217 St. Paul St

Filed SEP 17 1937, 19.. Registrar.

Huntington Pittsville, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 15th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 19.., to Sept 15, 19..

I last saw h.. alive on Sept 14, 19.. Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis	

Other contributory causes of importance:

Chr. Myocarditis	

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howe S. Shannon, M. D.

(Address) 702 N. Fulton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39151

CERTIFICATE OF DEATH

1-4108 20561 F 39151

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto, City Hospt. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran, specify WAR No Record

2. FULL NAME George Waters

(a) Residence: No. 2244 Cambridge St. St., Ward.

(Usual place of abode) Life (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Theresa E. Waters

6. DATE OF BIRTH (month, day, year) 3-27-1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0440

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gibbs Packing Co

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation 9/10/37

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME William Waters

14. BIRTHPLACE (city or town) (State or country) Balto Md. Md.

MOTHER

15. MAIDEN NAME Ella Smith

16. BIRTHPLACE (city or town) (State or country) Baltemor Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date Sept 17 1937

19. UNDERTAKER Williams Cook

(Address) 1217 St Paul Street

20. FILED SEP 17 1937, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 10, 1937, to September 14, 1937. I last saw him alive on September 14, 1937. Death is said to have occurred on the date stated above, at 9.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	9-6-37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. De Sanctis, M. D.

(Address) Baltimore City Hospitals

S 3

Huntington Millimeter Mfg Co

F 39152

✓ F 39152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 167

Registered No. .....

1. PLACE OF DEATH Pronounced dead at the 24-3 Ward
CITY OF BALTIMORE: (No. South Baltimore General Hospital)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Emma Phillips.

(a) Residence: No. Rockview Beach A. A. Co. Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, XXXXXXXXXXXX (or) WIFE of Earl Phillips.

6. DATE OF BIRTH (month, day, year) May 5, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Guy Taylor.
14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Bessie Gladden.
16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Bessie Taylor. (mother)
(Address) 2100 Boyd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mustin Cemetery Date Sept. 17, 1937

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] Registrar

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance:

	Date of onset
Wound of Breast.	

Other contributory causes of importance:

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? inquest Was there an autopsy? No

23. If death was due to external cause (violence), state the following: Accident, suicide or homicide? Suicide 9-14-37
Where did injury occur? Rock View Beach A.A. Co.
Specify whether injury occurred in industry, in home, or in public place Home.
Manner of injury, Pistol shot wound of
Nature of injury Breast.

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M. Reinhardt X M. D.
Coroner
9/16/37 (Address) 1017 S. Charles St.

153

HEALTH DEPARTMENT—CITY OF BALTIMORE

E39153

CERTIFICATE OF DEATH

920

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 546 E. Heath St., 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Amanda Thompson

(a) Residence: No. 546 E. Heath St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter H. Thompson

6. DATE OF BIRTH (month, day, year): Dec 15, 1891

7. AGE: Years 45 | Months 9 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md

FATHER

13. NAME: Joseph L. Bloss

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Ida Virginia Dixon

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Walter H. Thompson (Husband)

(Address) 546 E. Heath St

18. BURIAL, CREMATION, OR REMOVAL

Place Dulaney Hill Date Sept 18 1937

19. UNDERTAKER: A. Howard Evans

(Address) 1440 E. Monument St, Baltimore, Md.

Registrar.

SEP 17 1937

Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1937 to Sept 16, 1937

I last saw h[illegible] alive on Sept 16, 1937. Death is said to have occurred on the date stated above, at 10:07 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis.	
Mitral Regurgitation	Unk
Other contributory causes of importance:	
Tuberculosis	9/4/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation None.

What test confirmed diagnosis? Clinical (Was there an autopsy? No)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If [illegible]

(Signed) H. H. Campbell M. D.

9/17/37 (Address) 1644 Linden Ave

EKG

HEALTH DEPARTMENT—CITY OF BALTIMORE

39154 39154

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St., 23-1 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edith Lee (11070) If U. S. Veteran specify WAR .....

(a) Residence: No. 1012 Peach St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nelson Williams

6. DATE OF BIRTH (month, day, year) Aug. 13, 1912

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	25	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

0027

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Harvey Lee

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lucy Green

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Sept 18th 37

19. UNDERTAKER Leroy O Wilson
(Address) 1000 Bloomsbury Ave

20. FILED ... 19... Registrar

SEP 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1935 to Sept. 15, 1937

I last saw h.e.r. alive on Sept. 15 1937 Death is said to have occurred on the date stated above, at 1.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Nov. 1935
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) Leo M. Curtis M. D.

(Address) Baltimore City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39155

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. ..... St. 15-3 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 46 yrs. 5 mos. 7 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Margaret Lowry (Margaret Marie) If U. S. Veteran specify WAR .....
(a) Residence: No. 1506 Moreland Ave. St., ... Ward. Balto 7
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Lowry

6. DATE OF BIRTH (month, day, year) April 9 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	5	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME John Staigewald.
14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER
15. MAIDEN NAME Mary Schmidt
16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Name Rando. (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk. Date Sept 18 37

19. UNDERTAKER Wm. J. Tuckner & Son (Address) Pratt & Fulton Ave.

20. FILED Sept 17 1937 Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 4th 1937 to Sept 16th 1937
I last saw h.. alive on Sept 16, 1937 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	Not known
	over
Other contributory causes of importance:	
Cardiac exhaustion of Pregnancy	

Was an operation performed? yes Date of April 1936
For what disease or injury? Adherent pericarditis
Name of operation Pericardectomy
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) Frederick A. Kasser, M. D.
(Address) 1301 N. Patterson Park Ave.

39156 E 39156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Linonal Apts. St. 700 Park Ave Ward 3)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 92 yrs. 2 mos. 29 da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR None

2. FULL NAME Annie Maria Kennett
(a) Residence: No. Wisconsin apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced (or) WIFE of John R Kennett

6. DATE OF BIRTH (month, day, year) June 18, 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER
13. NAME Robert W. Dryden
14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

MOTHER
15. MAIDEN NAME Amelia Rogers
16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

17. INFORMANT Mrs W. H. Dempsey
(Address) 700 Cathedral St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Sept 18 '32

19. UNDERTAKER Stewart & Company
(Address) 108 W Mt Royal Ave

20. FILED SEP 19 1932 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1932 to Sept 16, 1932
I last saw her alive on Sept 16, 1932 Death is said to have occurred on the date stated above, at 1:20 P m.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset 9/16/32

Other contributory causes of importance:
Myocardial Failure — 1936

Was an operation performed? no Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Autopsy? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Francis W. Stuck, M. D.
(Address) Silman apts.

F 39157

39157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Grant

(a) Residence: No. 624 W. Biddle St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	C 1	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 15, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Floyd Grant

14. BIRTHPLACE (city or town) (State or country) Fa.

MOTHER

15. MAIDEN NAME Cecelia Williams

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL SEP 17 1937 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED SEP 17 1937 Commissioner

No. 3497

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to Her death on the date stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) F. H. Creech Coroner, M. D.

(Address) 2757 W. Lexington

39158 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39158

334 286

CERTIFICATE OF DEATH

1157-C

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. 5-1 St., Ward) 42.4 (If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Wiggans,

(a) Residence: No. 1306 Mulberry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 4, 37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Eliz - Wiggans -

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Friends -
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL SEP 17 1937
Place Johns Hopkins Medical School Date ... 19
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED SEP 17 1937 Registrar Arlington for Attorney Gen.

3498

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 6th 1937 to Sept. 9th 1937

I last saw h[er] alive on Sept. 9 1937 Death is said to have occurred on the date stated above, at 10.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Congenital malformation of the Heart
Congenital Esophageal Atresia

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James H. Haviland, M. D.

(Address) Johns Hopkins Hospital

39159 E 39159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 N. Fulton Ave. St., ... Ward) 19 6 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clara I. Webb

(a) Residence: No. 125 N. Fulton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel B. Webb

6. DATE OF BIRTH (month, day, year) March 17, 1861.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... (State or country) Maryland

FATHER

13. NAME Samuel Owens

14. BIRTHPLACE (city or town) ..... (State or country) Maryland

MOTHER

15. MAIDEN NAME Ann Meeks

16. BIRTHPLACE (city or town) ..... (State or country) Maryland

17. INFORMANT Samuel B. Webb

(Address) 125 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Ivy Hill Date Sept. 18, 1937

19. UNDERTAKER Harry A. Rutzler

(Address) Laurel, Maryland

20. FILED Sept. 19, 1937 Registrar A. Leighton Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/15, 1937, to 9/16, 1937

I last saw h.. alive on 9/16 1937 Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Senility	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) W. Thompson M. D.

(Address) 4204 Fredericksburg

E 39160

39160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St. 4-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

(Usual residence: Baltimore)

U. S. Veteran (specify WAR .....)

2. FULL NAME Hannah Ellen Donallen

(a) Residence: No. 94-11th Street St., ... Ward. Atlanta Ga.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph F. Donallen

6. DATE OF BIRTH (month, day, year) Jan 10-1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework (Odd)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Aug 1937

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Michael Bantz

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Hannah Tarpey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Robt Arthur (Address) 218 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date 9/20/37

19. UNDERTAKER Chas F. Marketon (Address) Mount Royal Ave

20. FILED ..... 19..... Registrar

SEP 7 1937 Huntington Filing Sta

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 8th, 1937 to Sept 16, 1937

Last saw h.e alive on Sept 16 1937. Death is said to have occurred on the date stated above, at 1 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	9-14-37
Post-oper. shock	9-15-37

Other contributory causes of importance: Chron. carcinoma of uterus

Was an operation performed? Yes Date of 1-9-37 2-11-37

For what disease or injury? 1 Cancer of Uterus 2 Intestinal obstruction

Name of operation 2 Laparotomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry F. Tamp, M. D.

(Address) Mercy Hosp. Balto. Md.

39161

F 39161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9-8 ✓ 46-C

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 Bartlett Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Peter Cull

(a) Residence: No. 721 Bartlett Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah Mangione

6. DATE OF BIRTH (month, day, year) Dec. 24 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64 ~~63~~	8	21 ~~22~~	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. guard 0886
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. gov't arsenal
10. Date deceased last worked at this occupation (month and year) 6 - 37
11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Homer Cull
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Mullin
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Margaret Cull
(Address) 721 Bartlett St

18. BURIAL, CREMATION, OR REMOVAL Date Sept 20 1937
Where Cedarhurst

19. UNDERTAKER Chesley V Gross
(Address) Belair Md

20. FILED SEP 17 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1937, to Sept. 17, 1937

I last saw h[im] alive on Sept 15, 1937 Death is said to have occurred on the date stated above, at 3:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon	1937
Subacute cholecystitis	1937 ?
Other contributory causes of importance:	
Chronic myocarditis	1935 ?

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) J. Homer Moores, M. D.
(Address) 2100 Belair Rd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39162

F 39162

CERTIFICATE OF DEATH

24-3 82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1223 Battery ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth J. Galvin

(a) Residence: No. 1223 Battery St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 16, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Patrick Galvin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Buckley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John P. Galvin

(Address) 1264 Battery ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Sept. 20, 1937

19. UNDERTAKER Margaret J. Flynn

(Address) 1022 Light St.

20. FILED Sept 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1937, to Sept. 16, 1937

I last saw her alive on Sept. 16, 1937. Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage.	9/16/37

Other contributory causes of importance:

Generalized Arteriosclerosis with Hypertension

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Sheldon Lowland M. D.

(Address) Med. Arts Bldg. Balto. Md

39163

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39163

CERTIFICATE OF DEATH

✓ 131

24-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1217 Riverside St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Harriet allen

If U. S. Veteran specify WAR

(a) Residence: No. 1217 Riverside St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William allen

6. DATE OF BIRTH (month, day, year) Dec. 25. 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Havre de grace Md.

FATHER

13. NAME John P. murray

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary McGill

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sidney allen (son)
(Address) 423 Sanders St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Date Sept 18 1937

19. UNDERTAKER Margaret J. Flynn
(Address) 1412 Light St

20. FILED SEP 17 1937 Registrar. Huntington Hennessy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 1937 to Sept 15 1937

I last saw her alive on Sept 14 1937 Death is said to have occurred on the date stated above, at 8:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Disease	
Bronchopneumonia	9/9/37
Other contributory causes of importance:	
Uremia	9/13/37

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Walter Kolin M. D.

(Address) 102 E. Fort Ave.

E 39164

39164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4101 Prior Ave. St. 27-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Weber

If U. S. Veteran specify WAR

(a) Residence: No. 4101 Prior Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Christian Weber

6. DATE OF BIRTH (month, day, year) Feb. 15-1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	7	0 1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Ludwig Lepper

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frieda Weber
(Address) 4101 Prior Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Com. Date Sept. 18-37 19

19. UNDERTAKER John A. Miller
(Address) 2534 Jefferson St.

7 1937 Huntington Williams 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-15-, 1936 to 9-16, 1937

I last saw h alive on 9-16, 1937 Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Expectoration - Chronic	2
Nephritis Interstitial.	yrs
Valvular heart disease	
Other contributory causes of importance	
Bronchiectasis -	1 year

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. Demarest M. D.

(Address) Medical Arts Bldg.

E 39165

39165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital 5-B — Registered No. 1877

CITY OF BALTIMORE: (No. 1 N. Broadway St., 8-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John A. Donner — If U. S. Veteran specify WAR

(a) Residence: No. 3018 Iona Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 20 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72 73	8 10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1886

10. Date deceased last worked at this occupation (month and year) About 1 Year

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John A. Donner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lena Dorthea Bauer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dr. A. P. Howard

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Sept 18, 1937

19. UNDERTAKER Meban Schilling

(Address) 112 E. Monument St

20. FILED SEP 17 1937 Assistant to Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 day
Other contributory causes of importance: Carcinoma of Bladder	Oct 1936

Was an operation performed? Yes. Date of Oct. 1936

For what disease or injury? Carcinoma of Bladder

Name of operation Cystoscopic Date of Oct 1936

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? N/A Date of injury N/A, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

Substituting for Dr. Schaefer

39166 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 39166

CERTIFICATE OF DEATH

10-1 91-a 24477 JS

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto, City Hospt. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jesse Oberlander

(a) Residence: No. 1205 E. Biddle St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) 5-15-1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	5 4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist in 1931 Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in Business Self

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Jacob Oberlander

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Sally ? Not Known

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT B. V. A. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery Date Sept 20, 1937

19. UNDERTAKER Edward W. Conklin, Son

(Address) 1422 Eager St.

Sept 19 1937 Registrar.

Huntington Pittsburgh, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1937, to September 17, 1937

I last saw him alive on September 17, 1937. Death is said to have occurred on the date stated above, at 3.20 a. m.

The principal cause of death and related causes of importance were as follows:

Subacute bacterial endocarditis

Date of onset Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. DeLaSantelle, M. D.

(Address) Baltimore City Hospitals

F 39167

39167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Philip Burkentine

(a) Residence: No. Franklin Ave. Essex Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 29-1927

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Paul R. Burkentine

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Eliz Campbell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Paul R. Burkentine

(Address) Franklin Ave & Essex Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Forestland Mem. Pk. Date 9/18 1937

19. UNDERTAKER John S. Connelly

(Address) Essex Md.

20. FILED 9/19 1937 Attorney for Informant

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anterior Poliomyelitis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Carpenter M. D. Coroner

(Address) 1914 E. North Ave.

V S 6

39168

HEALTH DEPARTMENT—CITY OF BALTIMORE

39168

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2008 Kennedy ave St., 4-E Ward)

Registered No. 23

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Preller

If U. S. Veteran specify WAR

(a) Residence: No. 2008 Kennedy ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Preller

6. DATE OF BIRTH (month, day, year) Oct. 2-1883

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
53	11	13 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Jos. Preller

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Elizabeth Frauenhoetz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. E. Estep

(Address) 862 Park ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Sept. 18 1937

19. UNDERTAKER Mary M. Friedel

(Address) 000 E. Baltimore

20. FILED SEP 17 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to Sept 15, 1937

I last saw him alive on Sept 15, 1937 Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	about July 1-37
Other contributory causes of importance: Cardiac Disease	July 1-37

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph L. Valentine M.D.

(Address) 165 E. Monument

F 39169

39169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27-16 205-M

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., ...Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME John J. Bailey

(a) Residence: No. 3125 Virginia ave. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Margaret L. Bailey

6. DATE OF BIRTH (month, day, year) Jan. 8, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Engineer

9. Industry or business in which work was done, as ~~mill, mine~~ saw mill, bank, etc. Belt Asphalt & Block Co

10. Date deceased last worked at this occupation (month and year) 9/24/37

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME William W. Bailey

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Rachel J. Armacost

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Margaret Bailey
(Address) 3125 Virginia ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Sept 18th 1937

19. UNDERTAKER William Cook
(Address) 1217 St. Paul st

20. FILED SEP 18 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquest
(Inquest, Autopsy or Inquiry)
find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation ..... Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/17 1937
Where did injury occur? Valley View Ave Balto Co. Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Industry
Manner of injury Fell against a truck
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Accident occurred while on duty

(Signed) Paul Schenck, M. D. Coroner
(Address) 1918 E. North Ave.

F 39170

39170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 S. Dean St., 26-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran, specify WAR No Record

2. FULL NAME Harry B Dean

(a) Residence: No. 404 S. Dean St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Laura V.

6. DATE OF BIRTH (month, day, year) Sept 23-1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. P. A. 615

10. Date deceased last worked at this occupation (month and year) Mar 1937

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Andrew Dean.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Anna Engle

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Laura V. Dean

(Address) 404 S. Dean st.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 9 14 37

19. UNDERTAKER Wilgus Cook

(Address) 1217 st Paul St.

20. FILED SEP 15 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH 10 40 PM

21. DATE OF DEATH (month, day, year) Sept. 15. 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 30 1937 to Sept 15 1937

I last saw h[illegible] alive on Sept 14 1937 Death is said to have occurred on the date stated above, at 10 40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Ind Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Ind. If so, specify

(Signed) E. A. Schmuck M. D.

(Address) 842 S. Eaton Ave.

F 39171

39171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 20-146-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital St., ... Ward)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR No Record

2. FULL NAME Ella Leity

(a) Residence: No. 424 Edgewood St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced (or) WIFE of William A

6. DATE OF BIRTH (month, day, year) February 4 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 8/37

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (City or town) (State or country) Shepherdstown Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Dremer

16. BIRTHPLACE (City or town) (State or country) Shepherdstown Md

17. INFORMANT (Address) Loreen a Leity 424 Edgewood St

18. BURIAL, CREMATION, OR REMOVAL Date Sept 20 37

Place Western

19. UNDERTAKER (Address) William Cook 1217 St Paul Street

Registered SEP 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 17 1937

22. I HEREBY CERTIFY, That I attended deceased from August 14 1937 to September 17 1937

I last saw h.. alive on September 17 1937 Death is said to have occurred on the date stated above, at 4:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Disease with Decompensation	Yrs.
Other contributory causes of importance: Carcinoma of Rectum	1 year

Was an operation performed? Yes Date of Aug 14 1937

For what disease or injury? Carcinoma of Rectum

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Milton Lowe, M. D.

(Address) WBGH

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 39172

CERTIFICATE OF DEATH

39172

10-1 59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 N. Eden St., Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Calhoun

(a) Residence: No. 1116 N Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widower.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sally May Calhoun

6. DATE OF BIRTH (month, day, year) Oct 15-1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ida. Green

(Address) 1116 N Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 9/20 1937

19. UNDERTAKER Raynor Sanders

(Address) 1443 E Preston St

20. FILED 1937 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1937 to Sept 16 1937

I last saw him alive on Sept 16 1937. Death is said to have occurred on the date stated above, at 2 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. nephritis	May 1937
Diabetes mellitus	April 1937

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Calvin B LeCompte M. D.

(Address) 1113 N Carlton St

39173 HEALTH DEPARTMENT—CITY OF BALTIMORE 39173

CERTIFICATE OF DEATH 26643--EF 59

Registered No. 9-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Laura Frisbuy (Brisbuy)

(a) Residence: No. 1845 N. Spring Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Stephen Frisbuy

6. DATE OF BIRTH (month, day, year) 12-5-1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Jones

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Susan Hawlings

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 9/18 37

19. UNDERTAKER Rayner Standerz

(Address) 1413 E Preston St

, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-15, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-13, 1937 to 9-15, 1937

I last saw her alive on 9-15, 1937. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic gangrene right foot	1 month
Diabetes mellitus	unknown
arterio sclerosis	unknown

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) L.K. Woodward Jr. M. D.

(Address) Baltr. City Hosp.

E 39174

HEALTH DEPARTMENT—CITY OF BALTIMORE

39174

CERTIFICATE OF DEATH

10-2 943

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1243 E Eager St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME William P. Pelsh

(a) Residence: No. 1243 E. Eager St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary M. Pelsh

6. DATE OF BIRTH (month, day, year) not stated

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Civil	72	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine Wood worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME John Pelsh

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Mary M. Pelsh

(Address) 1243 E Eager St

18. BURIAL, CREMATION, OR REMOVAL Pikesville Md. Sept. 21 1937

Pikesville Cemetery, Pikesville Md.

19. UNDERTAKER Harvey Hauck Sons, Inc.

(Address) 301 E. Eager St

20. FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17 1937

22. I HEREBY CERTIFY, That I attended deceased from June 6 1937 to Sept. 17 1937.

I last saw him alive on Sept. 17 1937. Death is said to have occurred on the date stated above, at 1:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Arterial - Sclerosis	
Other contributory causes of importance:	
Acute Cardiac Dilatation	

Was an operation performed? No. Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Angel Littman M. D.

(Address) 1304 E. Chase St.

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HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39175 CERTIFICATE OF DEATH × 46 E F 39175

1. PLACE OF DEATH University Hospital Registered No.

CITY OF BALTIMORE: (No. St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MRS. BESSIE MYERS

(a) Residence: No. 85 Broadship Rd St., Ward. Howard Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Myers

6. DATE OF BIRTH (month, day, year) May 1, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Plummer Carr

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Amelia Brashears

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Chas Myers

(Address) 85 Broadship

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Sept 20/37

19. UNDERTAKER John Ulrich & Sons

(Address) [illegible]

20. FILED SEP 19 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-17-37 , 19

22. I HEREBY CERTIFY, That I attended deceased from 8-10-37 , 19 , to 9-17-37 , 19

I last saw h e/c alive on 9-17-37 , 19 . Death is said to have occurred on the date stated above, at 2:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PRIMARY CARCINOMA of LIVER	

Other contributory causes of importance:

BILATERAL HYDRONEPHROSIS	2 YRS
UREMIA	2 days

Was an operation performed? Yes Date of 9-15-37

For what disease or injury? CARCINOMA

What test confirmed diagnosis Operative Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. Brooke Walker M. D.

(Address) University Hospital

ORRAY Philips ✓ F 39176

39176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 E 21 St., ... Ward)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Orray Philips

If U.S. Veteran specify WAR ....

(a) Residence: No. 321 E 21 St., 12-4 Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Philips

6. DATE OF BIRTH (month, day, year) 12/25/71

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0070 Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lawrence S.C.

FATHER

13. NAME Daniel McKeeba

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Rosel ?

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Daphney Floyd

(Address) 321 W 22nd St

18. BURIAL, CREMATION, OR REMOVAL

Place Clinton S.C. Date 9/8 1937

19. UNDERTAKER Saml. J. Grace & Son

(Address) 627 E. Fillmore

20. FILED SEP 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17 1937

22. I HEREBY CERTIFY, That I attended deceased from June 17 1937 to Sept. 17 1937

I last saw him alive on Sept 16 1937. Death is said to have occurred on the date stated above, at 8 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Degeneration	6/17/37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. N. Hatcher, M. D.

(Address) Clinton, S.C.

39177 39177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 1608

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., C-2 Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Logan

(a) Residence: No. ..... St., 6-2 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, 0 hrs. or 8 min.
New Born			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James C. Logan

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Anna Pauline Lysiak

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Father

(Address) 820 E 33rd Sparrows Pt.

18. BURIAL, CREMATION, OR REMOVAL

Place Local Cem. Co. Date 9/18 19 37

19. UNDERTAKER Wm. J. Connelly & Sons

(Address) Essex Md.

20. FILED SEP 18 1937 Wm. H. Livingston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9 - 16 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 9 - 16 , 1937 to 9 - 16 , 1937

I last saw him alive on 9 - 16 , 1937 Death is said to have occurred on the date stated above, at 4.00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage due to difficult labor & forceps delivery	9/16/37

Other contributory causes of importance:

Was an operation performed? Yes Date of 9/16/37

For what disease or injury? Prolonged second stage

Name of operation Forceps delivery Date of 9/16/37

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hugh C. Mengert M. D.

(Address) Church Home & Infirmary

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39178

CERTIFICATE OF DEATH

48

F 39178

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1097 W. Fayette St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Melvina Tann

(a) Residence: No. 1097 W Fayette St., 18-7 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widowed

6. If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of William Tann

7. DATE OF BIRTH (month, day, year) October 11, 1895

8. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
41	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laundress 041

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) July 1937

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME George W. Dunton

14. BIRTHPLACE (city or town) (State or country) Balto md

15. MAIDEN NAME Mary C. Roberts

16. BIRTHPLACE (city or town) (State or country) Balto md.

17. INFORMANT Isabel Hall

(Address) 121 N. Carlton

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Sept 19, 37

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St.

FILED SEP 13 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9.15.37 19

22. I HEREBY CERTIFY, That I attended deceased from 9.8.37 19 to 9.15.37 19

I last saw her alive on 9.15.37 19 Death is said to have occurred on the date stated above, at 3.40 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	1936

Other contributory causes of importance:

Name of operation Phy. Exam Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James M. Tarr M. D.

(Address) 865 W Lexington

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39179 CERTIFICATE OF DEATH 93D F 39179

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lydia Cooper

(a) Residence: No. 1303 Myrtle Ave St., 17 Ward. 7 Color or Race 3

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wardell Cooper

6. DATE OF BIRTH (month, day, year) Feb 5 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36	35	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Ira Ward

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Jones Wallace

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records. JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Westminster, Md Date Sept 21, 1937

19. UNDERTAKER Mrs. Katie R Williams

(Address) 322 N Schroeder St.

20. FILED SEP 16 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16th 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1937 to Sept 16, 1937

I last saw her alive on Sept 16, 1937 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure 2	
Untreated cancer	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. H. Welsh M. D.

(Address) J. H. H.

HEALTH DEPARTMENT—CITY OF BALTIMORE

39180

CERTIFICATE OF DEATH

92a F 39180

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 10 N. Ballingtonsd Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Burns 6-3

If U.S Veteran specify WAR

(a) Residence: No. 10 N. Ballingtonsd Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Burns

6. DATE OF BIRTH (month, day, year) July 4 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Reuben Herald

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT John H. Burns Jr.

(Address) 10 N. Ballingtonsd Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Sept 20, 1937

19. UNDERTAKER Martin W.E. Dippel

(Address) 37 S. Amity St.

SEP 18 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 10 1937, 19 . to Sept. 16 1937

I last saw h. er alive on Sept. 16 1937. Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary oedema.	
Cerebral emboli. Duration seven hours.	

Other contributory causes of importance:

Myocarditis, mitral insufficiency and aortic regurgitation. Duration ?

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NONE. of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) B. V. Kelly M. D.

(Address) 100 N LINWOOD AVE

39181 F 39181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 S Wolfe St. St., 2-1 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Fabiszak (Fillips)

(a) Residence: No. 315 S. Wolfe St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stanislawa Fabiszak

6. DATE OF BIRTH (month, day, year) Dec. 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67 66	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O RR. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph Fabiszak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Marcy Michalski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Stanislawa Fabiszak Wife
(Address) 315 S. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Sept. 20 1937

19. UNDERTAKER Fred W. Orazewski
(Address) 1930 Eastern Ave.

20. FILED ..... 19..... Registrar
SEP 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1937

22. I HEREBY CERTIFY, That I attended, deceased from Aug 15, 1937 to Sept 15, 1937

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 15 37
Other contributory causes of importance Chronic Nephritis	Oct 36

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
(If so, specify)

(Signed) William J. Swayer M. D.

(Address) 501 N. Eutaw

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39182

39182

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH West Balto. Hospital, 11 B

CITY OF BALTIMORE: (No. ~~902 Poplar Grove~~ St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Robert Goff

(a) Residence: No. 902 Poplar Grove St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 26, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles R. Goff

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Helen M. Gorz

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Charles R. Goff
(Address) 902 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Sept. 18, 1937

19. UNDERTAKER Geo. B. Little
(Address) 2300 Edmondson Ave

SEP 13 1937

20. FILED ..... 19... (Registrar.)

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Sept 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	

Other contributory causes of importance:
Pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

39183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

F 39183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1517 Barclay St. St., 12-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME (Baby) Carrie Anderson

(a) Residence: No. 1517 Barclay St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): —

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): May 1, 1936

7. AGE: Years 1; Months 4; Days 15; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 5000

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Harold Anderson

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Carrie Jones.

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT (Address): Harold Anderson. 1517 Barclay St.

18. BURIAL, CREMATION, OR REMOVAL: Pt. Auburn (Date) Sept. 18 37

19. UNDERTAKER (Address): Robert L. Young. 804 N. Caroline St.

20. FILED SEP 18 1937 (Registrar)

Interment in Lincoln Park

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 16. 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-14, 1937, to 9-16, 1937

I last saw her alive on 9-16, 1937 Death is said to have occurred on the date stated above, at 5:40 p.m. A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	approx
(primary)	Sept 9th

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) H. ... Downes M. D.

(Address) 1500 E. Madison St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39184 — CERTIFICATE OF DEATH — 6-3 71a — F 39184

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 N. Duncan St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mathias V. Cibulka

If U. S. Veteran specify WAR .....

(a) Residence: No. 221 N. Duncan St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Cibulka

6. DATE OF BIRTH (month, day, year) Aug 26, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2088

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Joseph Cibulka

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Marie Landa

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Anna Cibulka

(Address) 221 N. Duncan St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept 18 1937

19. UNDERTAKER Frank Grach & Son

(Address) 1906 Eastern Ave

20. FILED Sept 18 1937 Herrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 10 1937 to Sept 16 1937

I last saw h[illegible] alive on Sept 15 1937. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anaemia	1936
Other contributory causes of importance: Pulmonary Oedema	4 days

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward Lee M. D.

(Address) 1306 Eastern Ave

F 39185

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39185

CERTIFICATE OF DEATH

7-3 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2215 E. Madison St., 7-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Maroucek

If U. S. Veteran specify WAR .....

(a) Residence: No. 2215 E. Madison St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Maroucek

6. DATE OF BIRTH (month, day, year): Aug 28 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: James Maroucek

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Mary Suzak

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Mary Maroucek

(Address) 2215 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: Sept 21, 1937

19. UNDERTAKER: Frank Leach & Son

(Address) 1906 Aisquith Avenue

20. FILED ..... 19..... Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1937, to Sept 17, 1937

I last saw him alive on Sept. 17, 1937 Death is said to have occurred on the date stated above, at 7.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal	?
Disease.	

Other contributory causes of importance:

Acute Uraemia	4 days

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Joseph Pokorny M. D.

(Address) 2200 E Madison St

B 34313 39186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 F 39186

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL 26-7

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles H. Amos

(a) Residence: No. 4116 E Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11-25-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Earl Amos

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eva Stewart

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Cabery Cem, Date Sept 19 1937

19. UNDERTAKER Wm P. Ellis & Daughter
(Address) 1120 Caroline St

SEP 19 1937 Harrington Registrar (DEPUTY REGISTRAR)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept-8, 1937 to Sept 16, 1937.
I last saw him alive on Sept 16, 1937. Death is said to have occurred on the date stated above, at 2:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Other contributory causes of importance:	
septicemia?	
meningitis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? L. P. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) James A. Hanlad M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

39187

CERTIFICATE OF DEATH

108 F 39187

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2036 20½ St., 12-4 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anita Smith

(a) Residence: No. 2036 20½ St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) George Coltman

6. DATE OF BIRTH (month, day, year) June 15, 1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Worked in own home

10. Date deceased last worked at this occupation (month and year) Sept 15, 1937

11. Total time (years) spent in this occupation 3yr.

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME Spencer Smith

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Georgia Johnson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lillian Griffin
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Sept 18, 1937

19. UNDERTAKER George E. Allison
(Address) 1303 Presstman st

20. FILED SEP 19 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1937, to Sept 16, 1937

I last saw her alive on Sept 16, 1937. Death is said to have occurred on the date stated above, at 9.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	9-13-37
Other contributory causes of importance: Acute Myocarditis	9-15-37

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Maurice L. Adams M. D.

(Address) 3126 23rd St.

39188

HEALTH DEPARTMENT—CITY OF BALTIMORE

39188

CERTIFICATE OF DEATH

117a

26-9

1. PLACE OF DEATH Sinai Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Rose

(a) Residence: No. 501 S. Grundy St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Rose

6. DATE OF BIRTH (month, day, year) Oct 7 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... or ... m.
54	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Junk 004?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Rose Rose wife

(Address) 501 S. Grundy

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date Sept 20 1937

19. UNDERTAKER Lilly & Gaither Inc

(Address) 1 E. Lexington St

20. FILED Sept 20 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1937 to Sept 17 1937

I last saw h. alive on Sept 17 1937. Death is said to have occurred on the date stated above, at 3:35 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bleeding Gastric Ulcer	Sept-13-1937
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alfred S Schwartz, M. D.

(Address) Sinai Hospital

F 39189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 28-2 92a

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. ..... St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dr. Richard Mc Donnell

(a) Residence: No. 3213 Milford Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Ida

6. DATE OF BIRTH (month, day, year): 7-21-89

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chiropractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1886

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Mass

MOTHER'S FATHER

13. NAME: Wm Mc Donnell

14. BIRTHPLACE (city or town) (State or country): Mass

15. MAIDEN NAME: Julia Dempsey

16. BIRTHPLACE (city or town) (State or country): Mass

17. INFORMANT: Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Lorraine Cemetery Date: Sept. 20 1937

19. UNDERTAKER: George L. Eichhorn
(Address): 710 E. Frederick Ave.

20. FILED: SEP 23 1937 Washington, D. C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 17. 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1937 to Sept 17, 1937
I last saw him alive on Sept 17, 1937 Death is said to have occurred on the date stated above, at 3:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Coronary heart disease 2 mitral stenosis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Frank H. Lundeen M. D.

(Address) Johns Hopkins Hosp.

E 39190

39190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161D

Registered No. 16-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Edward Martin Quinn Jr

If U.S. Veteran specify WAR

(a) Residence: No. 719 Longwood St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 15-1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER FATHER

13. NAME Edward Martin Quinn

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Flora Miller

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Edward M. Quinn

(Address) 719 Longwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept. 18, 1937

19. UNDERTAKER George L. Lohmeyer

(Address) 711 Frederick Ave.

SEP 18 1937 Lexington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/17 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/15 1937 to 9/17 1937

I last saw him alive on 9/17 1937 Death is said to have occurred on the date stated above, at 4 00 p.m.

The principal cause of death and related causes of importance were as follows:

Purpura Hemorrhagica of Newborn — Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas B. Mayer M. D.

(Address) Bon Secours Hosp

F 39191

39191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 151 ✓ 23

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1206 Lanvale St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Evelyn Smith
If U. S. Veteran specify WAR

(a) Residence: No. 1206 Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Frederick Smith

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Reba Smith

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Rosie Smith
(Address) Va

18. BURIAL, CREMATION, OR REMOVAL
Place Mathews va Date Sept 20 1937

19. UNDERTAKER Adolphus Hobstead
(Address) 9 N Bond St

20. FILED 19 Registrar

SEP 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence adduced by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above, as

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Sept 9 1937

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) George L. Allen, M. D.
Coroner

(Address) 5 E Lexington St

F 39192

39192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 3233 Abell Ave 12-2 ✓ 9th B Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3233 Abell Ave St., Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Musselter If U. S. Veteran specify WAR No Record

(a) Residence: No. 3233 Abell Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of John E. Musselter

6. DATE OF BIRTH (month, day, year) June 26th 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 84	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME ? Tierney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Viola Dammann

(Address) 353 Mayfield Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Sept 20th 1937

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

20. FILED Sept 19 1937 [illegible] Registrar

SEP 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
Other contributory causes of importance: Hypertension	3 yrs

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner, M. D.

(Address) 612 W 40

F 39193 HEALTH DEPARTMENT—CITY OF BALTIMORE F 39193

CERTIFICATE OF DEATH

16-4 82 c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 N. Appleton St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Matilda Shipp If U. S. Veteran specify WAR No Record

(a) Residence: No. 608 N. Appleton St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of: Luther B. Shipp

6. DATE OF BIRTH (month, day, year) Aug 25 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William F Mayer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary H Harrison

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) Mrs. Robertson 906 N. Monroe St

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Sept 2nd 1937

19. UNDERTAKER (Address) Wm Bok 1217 St. Paul St

20. FILED Sept 2 1937 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1st, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described thereon and from the evidence above, held an (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) that said deceased came to death on the day stated above at 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Paresis, or Softening of brain,	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [signature] M. D. Coroner

(Address) 1215 Hanover

V S 6

39194 F 39194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-4 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 Clifton ave St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 5 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Chris Konvaris

If U. S. Veteran specify WAR .....

(a) Residence: No. 1817 Clifton ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of "

6. DATE OF BIRTH (month, day, year) April 9, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Gust Kavvaris

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Varsitanta Galepson

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Helen Karfos

(Address) 2418 Pennsylvania ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Woodlawn Date Sept 20 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19 ...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) detailed by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above. 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea + Enteritis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... Coroner M. D.

(Address) 216 Hanover

V S 6

39195 HEALTH DEPARTMENT—CITY OF BALTIMORE 39195

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3945 Greenmount St., Ward) 9-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Ella V Fenby

(a) Residence: No. 3945 Greenmount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William W. Fenby

6. DATE OF BIRTH (month, day, year) Aug 9 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

FATHER

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Charles F Jordon

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Melville

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT William W. Fenby (Address) 3945 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date Sept 20 37

19. UNDERTAKER William Cook (Address) 217 St Paul Street

20. FILED 19 Registrar

SEP 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from May, 1937 to Sept 18, 1937

I last saw her alive on Sept 17, 1937. Death is said to have occurred on the date stated above, at 3.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Renal disease	1935?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lloyd C. Taylor M. D.

(Address) 3902 Greenmount Ave

39196 E 39196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23-2133

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Joseph Kronk

(a) Residence: No. 1409 S. Charles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara E Kronk

6. DATE OF BIRTH (month, day, year) Aug 21, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6038

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harpers Ferry W. Va

FATHER

13. NAME William W. Kronk

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Elizabeth Winters

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Clara E Kronk

(Address) W. Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Sept 21 1937

19. UNDERTAKER J. Bryan Evans

(Address) 1400 S Charles St

FILED SEP 23 1937

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1937 to Sept 18, 1937

I last saw h— alive on Sept 18, 1937. Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peri-nephritic Abscess	5 mo
multiples abscess of lung	?

Other contributory causes of importance:

—

Was an operation performed? Yes Date of May 5, 1937

For what disease or injury? Perinephritic abscess

What test confirmed diagnosis? Aut. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Gilbert E. Robinson, M. D.

(Address) St. Josephs Hospital

39197 HEALTH DEPARTMENT—CITY OF BALTIMORE F 39197

CERTIFICATE OF DEATH

92-a

13-1

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 827 Brooks Lane Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry L. Adler

(a) Residence: No. 827 Brooks Lane Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Balto Md

FATHER

13. NAME Wolf Adler

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Dora

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Anna Adler
(Address) 827 Brooks Lane.

18. BURIAL, CREMATION, OR REMOVAL
Mount Lebanon 9/19/37 19

19. UNDERTAKER Isaac Gans Inc
(Address) 1739 E. Baltimore St

20. FILED ...19... Registrar.
SEP 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1929 to Sept 18 1937

I last saw him alive on Sept 18 1937 Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocardial insufficiency	Aug 23/37
mitral stenosis	1912

Other contributory causes of importance:

0	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Lawrence Schlenker, M. D.

(Address) 810 Eutaw Place.

F 39198

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39198

CERTIFICATE OF DEATH

12-4 V 93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 N. Monroe St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Mary Emma Seipp

(a) Residence: No. 800 N. Monroe St., 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 7-1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Seipp

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary E. Zepp

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo. Francis L. McGee
(Address) 720 W Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenlawn P.K. Date Sept 20 1937

19. UNDERTAKER J. B. Shepard & Son
(Address) 1300 Eutaw Place

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above. 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. Hunn Kramer M. D.
Coroner

(Address) 1016 Nanuset

V 5 6

O. B. 1268-9

F-39199 F 39199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2309 Frederick Ave St., 20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances E Howard

(a) Residence: No. 2309 Frederick Ave St., 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas E Howard

6. DATE OF BIRTH (month, day, year) October 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	-	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City New York

FATHER

13. NAME John D Conichyca

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Sarah A Bassett

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs Thomas E Howard

(Address) 2309 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Sept 20, 1937

19. UNDERTAKER J H Pickett & Son

(Address) Frederick Ave

20. FILED SEP 23 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1937, to Sept 17, 1937

I last saw h[illegible] alive on Sept. 17, 1937. Death is said to have occurred on the date stated above, at 10.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal disease	1933
Coronary Embolus.	Sudden

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliot W Johnson M. D.

(Address) 3432 Frederick Ave

F 39200

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39200

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH St. Agnes' Hospital 20-5 Registered No. 77947

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Baker & Wilkens St. (Ward) Hall

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MRS. IDA C. VOLKERT

If U. S. Veteran specify WAR

(a) Residence: No. 409 Millington St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Charles R Volkert

6. DATE OF BIRTH (month, day, year) Oct 22-1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Peter Fliegog

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Emma Volkert

(Address) 409 Millington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Sept 20-37

19. UNDERTAKER F. B. Wilhelm & Son

(Address) 1300 Eutaw Place

20. FILED , 19 Registrar.

SEP 19 1937 Huntington McCauley

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-7, 1937, to Sept 16, 1937

I last saw her alive on Sept. 16, 1937 Death is said to have occurred on the date stated above, at 1135 P m.

The principal cause of death and related causes of importance were as follows:

Primary Carcinoma of Breast — Date of onset

Other contributory causes of importance:

Metastatic Ca. of Brain

Carcinoma

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Zenkaut M. D.

(Address) St. Agnes Hosp.

39201 F 39201

39201 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17-3 82-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 Little George St., ...Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Armwood

(a) Residence: No. 708 Little George St St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha

6. DATE OF BIRTH (month, day, year) Aug 12, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
52	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Florists

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME George Armwood

14. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER

15. MAIDEN NAME Laura Caulk

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT Charles Lester

(Address) 516 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 9/20/37 19

19. UNDERTAKER Frances J. Kemsley

(Address) 578 W. Biddle St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 14 1937 to Sept 16 1937

I last saw h... alive on Sept 16 1937 Death is said to have occurred on the date stated above, at 8:30 Pm

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Sept 14 1937 (7)

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Lester M. D.

(Address) 516 Penna Ave

39202 ✓ E 39202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24-2 45-D

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto General Hosp Ward)

Length of residence in city or town where death occurred 72 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Edna Miller

If U. S. Veteran specify WAR .....

(a) Residence: No. 611 Harvey St., ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Curtis Miller

6. DATE OF BIRTH (month, day, year) May 3, 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. M. Pkt Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 4?

12. BIRTHPLACE (city or town) (State or country) Altoona PA

FATHER

13. NAME John Zuiga

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr Rusty Miller

(Address) 611 Harvey St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Sept 21 1937

19. UNDERTAKER Chas P Stevens & Co

(Address) 1001 E Fort Ave

20. FILED ..... 19..... Registrar

SEP 19 1937 Hamilton Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-22, 1937 to 9-17, 1937

I last saw her ER alive on 9-16, 1937 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of left jaw — Date of onset 12/1/36

Other contributory causes of importance:

Metastasis

Was an operation performed? Yes Date of 8-16-37

For what disease or injury? Carcinoma of jaw

Name of operation Resection of L. J.

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Elton Resnick M. D.

(Address) S. B. Gm. Hosp

F 39203

39203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. 18-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mamie Augustus Eades If U. S. Veteran specify WAR

(a) Residence: No. 220 N Carlton St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 11 - 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME James Augustus

14. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER

15. MAIDEN NAME Marie Eades

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT Mrs Mamie Eades

(Address) 220 N Carlton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 9-20 1937

19. UNDERTAKER Chas. W. Chase & Son

(Address) 631 E. Fayette

Registered SEP 19 1937 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) died that said deceased came to h death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	Sept 15 1937
Primary	

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury? None

Name of operation None Date of

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.
Coroner

(Address) 501 Cathedral St

V S 6

M. D. P. 1268-9

F 39204

39204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17-1 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 N. Pearl St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mary Collins

(a) Residence: No. 417 N. Pearl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12.18.1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	9	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) May 1937

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) North Hampton Va.

FATHER

13. NAME Tony Collins

14. BIRTHPLACE (city or town) (State or country) Hampton Va

MOTHER

15. MAIDEN NAME Lear Fisher

16. BIRTHPLACE (city or town) (State or country) Hampton Va

17. INFORMANT Emma Freeland

(Address) 417 N Pearl

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 9/21 37 19

19. UNDERTAKER Wm A Jackson

(Address) 916 Pennsylvania Ave

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9.18.37 19

22. I HEREBY CERTIFY, That I attended deceased from 5.16.37 19 to 9.18.37 19

I last saw h[illegible] alive on 9.17.37 19 Death is said to have occurred on the date stated above, at 3:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio renal Disease	5.16.37

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Phy Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) James M Carr M. D.

(Address) 865 W Lexington

F 39205

39205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH University Hospital 4-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fillmore Cousins

If U. S. Veteran specify WAR World War

(a) Residence: No. 644 W Saratoga St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	col	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) — — 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Va (State or country)

FATHER

13. NAME Unknown Johnson Cousins

14. BIRTHPLACE (city or town) Unknown Va (State or country)

MOTHER

15. MAIDEN NAME Unknown Biddy Cheatem

16. BIRTHPLACE (city or town) Unknown Va (State or country)

17. INFORMANT Mrs. Williams (Address) 680 Josephine St

18. BURIAL, CREMATION, OR REMOVAL Place National Date 9/20 37 19

19. UNDERTAKER Wm A Jackson (Address) 912 Fremont Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-16 , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	9-7

Other contributory causes of importance:

Was an operation performed? Yes Date of 9-7

For what disease or injury? Fractured skull

Name of operation Trephining Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of Injury 9-7 37

Where did injury occur? St. Mary's Line (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Nature of injury Struck by truck

Nature of fatal lesion Fracture of skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert Gundy Pate M. D. Coroner

(Address) 907 Nichols

VSB

E 39206

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39206

CERTIFICATE OF DEATH

15-1394-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2632 Osrego ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? 46 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis Lody

(a) Residence: No. 2632 Osrego St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dena

6. DATE OF BIRTH (month, day, year)

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 008

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER'S MAIDEN NAME

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sam Lody

(Address) 2632 Osrego

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 9/19/37

19. UNDERTAKER Jack Lewis Inc

(Address) 1439 E. Baltimore St

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1937, to Sept 19, 1937.

I last saw h alive on Sept 19, 1937. Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	9/15/37
Other contributory causes of importance: Pulmonary Edema, Arterio Sclerosis	12 Years

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Abrams, M. D.

(Address) 2360 Eutaw pl

F 39207

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39207

CERTIFICATE OF DEATH

27-6 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2905 Hamilton Avenue St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME August W. Roehner

(a) Residence: No. 2905 Hamilton Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Roehner

6. DATE OF BIRTH (month, day, year) April 30, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 0004

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

MOTHER FATHER

13. NAME Valentine Roehner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT A. William Roehner
(Address) 2905 Hamilton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Ceme. Date Sept. 19 1937

19. UNDERTAKER Henry Sander & Son, Inc. Sept 7 Sander
Baltimore St. & Broadway

20. FILED ... 19 ... Registrar.

SEP 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1937 to Sept 16, 1937

I last saw h/m alive on Sept 16, 1937 Death is said to have occurred on the date stated above, at 10.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Renal Disease	June 1935
Other contributory causes of importance: Cardiac Hypertrophy & Dilatation with Hypertension & Anasarca	May 1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation Physical

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Chas W Edmunds M. D.

(Address) 2746 Alameda

39208 F 39208

39208

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10-2 173 Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St.) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Lewis

(a) Residence: No. 1019 Hager Court St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 26 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME Silas Lewis

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mary Green

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mary Lewis (Address) 2227 Oak St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvery Cem. Date 9-20 1937

19. UNDERTAKER Byrd & Daniel A. Knight (Address) 1600 Eutaw St.

FILED SEP 13 1937 19 ..... Registrar.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of Intestines	
Other contributory causes of importance: Peritonitis	

Was an operation performed? Yes Date of 9/8/37

For what disease or injury? Bullet Wound of Intestines

Name of operation Laparotomy Date of .....

What test confirmed diagnosis? Clinic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Date of injury 9/10 1937

Where did injury occur? 1019 Hager Court Bal. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of Injury Shot in abdomen with a revolver

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Paul Schreiber Coroner M. D.

(Address) 1919 E. North Ave.

✓ F 39209

39209 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 3-1173 cc

Registered No. 1972

1. PLACE OF DEATH Baltimore City Hospitals
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., 26 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jesse Nelson

(a) Residence: No. 223 S. Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Rosa Nelson

6. DATE OF BIRTH (month, day, year) 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	✓	✓	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) about a month ago

11. Total time (years) spent in this occupation 0040

12. BIRTHPLACE (city or town) (State or country) Chester Pa

MOTHER FATHER

13. NAME Frederick Nelson

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Rosie (last name not known)

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Rosa Nelson (Wife)
(Address) 223 S. Dallas St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 9-20-1937

19. UNDERTAKER Bryon & Francis H. Wright
(Address) 1211 McCulloh St

20. FILED 19 By Deputy

SEP 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound through the heart.	Sept. 16-1937
Other contributory causes of importance: Hemorrhage due to gun shot wound	Sept 16-1937

Was an operation performed? no Date of ~

For what disease or injury? ~

Name of operation ~ Date of ~

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury Sept. 16 1937

Where did injury occur? 223 S. Dallas St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Center of Room

Manner of injury Shot by another person

Nature of injury Gun shot Wound through heart.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D.
Coroner

(Address) 1712 N. Broadway

✓ F 39210

39210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14-494-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 W. Baltimore St. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 10 mos. 19 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles M. Perry.

(a) Residence: No. 1807 W. Baltimore St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If ~~XXXXX~~ widowed, ~~XXXXXXX~~ HUSBAND of ~~XXXXXXX~~ Katherine V. Perry.

6. DATE OF BIRTH (month, day, year) October 28, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clrk, B.& O.R.R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6069

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Alexander Perry.

14. BIRTHPLACE (city or town) (State or country) France.

MOTHER

15. MAIDEN NAME Margaret A. Everett.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT J. Milton Perry.(son)
(Address) 1807 W. Baltimore, St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Sept. 20, 1937

19. UNDERTAKER Mortuary Parlors Inc.
(Address) 1524 Park Ave.

20. FILED ..... 19 ..... Registrar.

SEP 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M. Reinhardt X M. D.
Coroner

9/17/37 (Address) 1017 S. Charles St.

✓ F 39211

39211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24-178-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 E. Clement St. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 5 mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John M. Larkin.

(a) Residence: No. 517 E. Clement St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of ~~XXXXXXXXXX~~ Margaret R. Larkin.

6. DATE OF BIRTH (month, day, year) April 16, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe fitter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0059

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Timothy Larkin.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Bridget McCormick.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Margaret R. Larkin. (wife)
(Address) 517 E. Clement St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date Sept 21 1937

19. UNDERTAKER Margaret D. Flynn
(Address) 1412 Light St

20. FILED ..... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the left femur.	8/9/37
Accidental fall to the floor.	
Myocardial Insufficiency.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 8/9/37 19.....

Where did injury occur? 517 E. Clement St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home.

Manner of injury Fall to the floor.

Nature of injury Fracture of left femur.

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M. Leonhardt M. D.
Coroner

9/18/37 (Address) 1017 S. Charles St.

V S 6

33485
39212

HEALTH DEPARTMENT—CITY OF BALTIMORE

39212

CERTIFICATE OF DEATH

X 53-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 7-5 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Dawson

(a) Residence: No. Twickenham Terrace St., Ward. Savannah Ga.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia

6. DATE OF BIRTH (month, day, year) 7-30-72

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S C

FATHER

13. NAME David Dawson

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME margt Pelot

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Savannah Ga. Date Sept 21 37

19. UNDERTAKER Frederick A. Cole
(Address) 1200 W. Lombard St

20. FILED SEP 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18. 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1937. to Sept 18, 1937

I last saw him alive on Sept 18, 1937. Death is said to have occurred on the date stated above, at 10.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumors, Multiple. Metastatic (?)	1937
Bronchopneumonia	9-15-37
	acute

Other contributory causes of importance:

Was an operation performed? Yes Date of Sept 11, 1937

For what disease or injury? Brain Tumor

Name of operation Craniotomy

What test confirmed diagnosis? Oper. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) William Gray Wilson, M. D.

(Address) Johns Hopkins Hospital.

F 39213

39213 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dolores E. Stearns

If U. S. Veteran specify WAR .....

(a) Residence: No. Annapolis, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 29-1925

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME William Stearns

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Fillsair Horowitz

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT William Stearns

(Address) Annapolis Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Kemp's Grand ... Date Sept 19 '37

19. UNDERTAKER J. E. Hopkins

(Address) ... Md.

SEP 23 1937 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Poliomyelitis	

Other contributory causes of importance: —

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schreiber, M. D.

Coroner

(Address) 1911 E. North Ave.

Given Bailey

39214 HEALTH DEPARTMENT—CITY OF BALTIMORE F 39214

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Maryland general Hosp 11-3
CITY OF BALTIMORE: (No. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Bailey

(a) Residence: No. Perryville, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 20, 1936

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	9 8	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Perryville Md

13. NAME George Bailey

14. BIRTHPLACE (city or town) (State or country) Perryville, Md

15. MAIDEN NAME Margaret Owens

16. BIRTHPLACE (city or town) (State or country) Perryville Md

17. INFORMANT Hospital Records
(Address) Md General Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Co Date Sept 22, 37

19. UNDERTAKER J. A. Patterson
(Address) Perryville, Md

20. FILED SEP 23 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-19-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-18-37, 19 to 9-19-37, 19

I last saw h.e alive on 9-19-37, 19 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
T. B. Meningitis	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) J. Sollmann, M. D.
(Address) Maryland general Hosp.

39215 HEALTH DEPARTMENT—CITY OF BALTIMORE F 39215

CERTIFICATE OF DEATH 46-a V 22289--EF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17-2 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

2. FULL NAME Margaret Jones

If U. S. Veteran specify WAR.....

(a) Residence: No. 553 Oxford Street St., ...Ward.....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Jones

6. DATE OF BIRTH (month, day, year) 5-7-1881

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Hayden

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lucy ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Calvary Date 9/21 37

19. UNDERTAKER Wm. G. Jackson
(Address) 916 Penna Ave

20. FILED ....., 19.....
Registrar.

9-23-37

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-30, 1937 to 9-16, 1937

I last saw her alive on 9-16, 1937. Death is said to have occurred on the date stated above, at 11:00A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystadenoma of ovary with metastases	?
	new
Other contributory causes of importance: Hypertension C.V.D.	?
arteriosclerosis generalized	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) O. C. Brantigan M. D.

(Address) Baltimore City Hosp.

F 39216

39216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 731 Mura St. St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert J. Boyle

(a) Residence: No. 731 Mura St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha K. Holbrook Boyle

6. DATE OF BIRTH (month, day, year) Aug. 11 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48 yrs.	1 mo	7 Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sydenham Hospital

10. Date deceased last worked at this occupation (month and year) Jan. 1937

11. Total time (5 years) spent in this occupation 7 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Robt. J. Boyle

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Mary Hagerty

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Della K. Boyle

(Address) 731 Mura St.

18. BURIAL, CREMATION, OR REMOVAL

Cemetery Cathedral Cem. Date Sept 21, 1937

19. UNDERTAKER Edgar H. Conklin & Son

(Address) 714 E. Eager St.

20. FILED SEP 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1937 to Sept 18 1937

I last saw him alive on Sept 17 1937 Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

Pulmonary T.B. — Date of onset .....

Other contributory causes of importance: —

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? LIKELY

If so, specify .....

(Signed) Samuel Lefkowitz M. D.

(Address) 705 E. Preston.

F 39217

39217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 Washington Blvd Ward) 21-107-a

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Somerset

If U. S. Veteran specify WAR

(a) Residence: No. 1409 Washington Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed or divorced
HUSBAND of
(or) WIFE of Robert D. Somerset

6. DATE OF BIRTH (month, day, year) Feb 9 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Shawker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Isabella Frezer
(Address) 401 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Sept 20 1937

19. UNDERTAKER Wm Regan Cook
(Address) 1217 St Paul Street

20. FILED Sept 21 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1937, to Sept 18, 1937

I last saw h.. alive on Sept 17, 1937. Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	Sept 17
Arteriosclerosis	1934
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Morley Strong, M. D.

(Address) 729 Wash. Blvd.

39218

HEALTH DEPARTMENT—CITY OF BALTIMORE

39218

CERTIFICATE OF DEATH

46F

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5615 Pimlico Road St., 27-15 Ward)

Length of residence in city or town where death occurred 59 yrs. 9 mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin Franklin Lucas

If U. S. Veteran specify WAR .....

(a) Residence: No. 5615 Pimlico Road. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Florence W. Lucas

6. DATE OF BIRTH (month, day, year) December 3, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	9	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President Arlington

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice and Fuel Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Frederick Lucas

14. BIRTHPLACE (city or town) England (State or country)

15. MAIDEN NAME Louise Fortman

16. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

17. INFORMANT Mrs. Florence W. Lucas.

(Address) 5615 Pimlico Road.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Sept. 20, 37

19. UNDERTAKER Wm. J. Tickner & Son

(Address) Mt. Carmel

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from May, 1934 to Sept 17th 1937

I last saw him alive on Sept 17th 1937. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of pancreas.

Date of onset .....

Other contributory causes of importance:

Was an operation performed? Yes Date of .....

For what disease or injury? Yes stone

Name of operation Explora tory Laparatomy

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. Taylor M. D.

(Address) 5611 Pimlico Rd

39219 HEALTH DEPARTMENT—CITY OF BALTIMORE 39219

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH: Union Memorial Hospital
CITY OF BALTIMORE: (No. 33rd & Calvert St., 7-3 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME: George Philip Bertsch
If U. S. Veteran specify WAR .....
(a) Residence: No. 827 N Patterson Park Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Elizabeth Bertsch

6. DATE OF BIRTH (month, day, year): June 4, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64 yrs.	3	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Pharmacist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Drug Store
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER FATHER
13. NAME: Mr. Jacob Bertsch (F)
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Miss Catherine Jacobs (M)
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mr. Wm. H. Bertsch
(Address): 401 Wingate Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore City Date: Sept 21, 37

19. UNDERTAKER: Wm. H. Eckel Sons
(Address): Wood & Patterson

20. FILED SEP 23 1937, 19..., [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9-18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-28, 1937 to 9-18, 1937
I last saw h.IM alive on 9-18, 1937. Death is said to have occurred on the date stated above, at 8:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	?
Other contributory causes of importance: Carcinoma of Colon	1935

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation: Exploratory Laparotomy Date 1935
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19—
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert E. Oliver M. D.
(Address) Union Memorial Hospital

M. D. B 1268-9

F 39220

39220

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 Edmondson Ave. St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Rebecca Hubbard

If U. S. Veteran specify WAR .....

(a) Residence: No. 412 Edmondson Ave. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Fem	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Matthew F. Hubbard

6. DATE OF BIRTH (month, day, year) Feb. 22 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

FATHER

13. NAME Wm. Parks

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ? Barnett

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Leland P. Hubbard

(Address) 412 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Sept 20 1937

19. UNDERTAKER Wm. Pickup Son

(Address) North & Paves.

20. FILED SEP 20 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above. 11 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart	

Other contributory causes of importance: Pulmonary Edema

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... Coroner, M. D.

(Address) 1215 Hanover

39221 HEALTH DEPARTMENT—CITY OF BALTIMORE 39221

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4405 Liberty Heights Ave St. 28-2 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

2. FULL NAME George Gustav Puppersberger

(a) Residence: No. 4405 Liberty Heights Ave. St., ...Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E. Puppersberger

6. DATE OF BIRTH (month, day, year) October 30, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	70	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Packer $25

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 60

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Gustav H. Puppersberger

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Margaret Schaeffer

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Mr. John P. Puppersberger

(Address) 2638 Penna. Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 20, 19 37

19. UNDERTAKER Wm. J. Tschner & Son

(Address) Booth & Paine.

20. FILED ...19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from ...19.. to Sept 16 19 37

I last saw him alive on Sept 16, 19 37 Death is said to have occurred on the date stated above, at 11:50 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized and cerebral arteriosclerosis	1927
	over
Other contributory causes of importance: Terminal hemorrhagic nephritis with pneumonia	1931

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Fron Fordon, M. D.

(Address) 1031 N Paca

39222 12 Rubbersberger

HEALTH DEPARTMENT—CITY OF BALTIMORE F 39222

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital — Registered No. 107-a

CITY OF BALTIMORE: (No. ..... St., 7-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jno. Barnes — If U. S. Veteran specify WAR .....

(a) Residence: No. 924 N Collington St., Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) 1/10/37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Charles Barnes

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Augusta Goethe

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records (Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Trinity Lem Date 9/20/37

19. UNDERTAKER Philip Sterrig Sons (Address) 2016 Pennsylvania Ave

20. FILED SEP 23 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept-16, 1937 to Sept-18, 1937

I last saw h alive on Sept-18, 1937 Death is said to have occurred on the date stated above, at 4:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (Year)
Meningococcic sepsis	
Bronchopneumonia, primary	9-11-37

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. C. Stiefvater, M. D.

(Address) Johns Hopkins Hospital

F 39223

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39223

CERTIFICATE OF DEATH

✓ 45-E

Registered No. 27-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3210 Rosalie Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Howard Kirby

If U. S. Veteran specify WAR Veteran Sp. American

(a) Residence: No. 3210 Rosalie Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence L. Kirby

6. DATE OF BIRTH (month, day, year) Dec 27-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME Samuel F. Kirby

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary E. Lawrence

16. BIRTHPLACE (city or town) (State or country) Balto Maryland

17. INFORMANT Florence L. Kirby

(Address) 3210 Rosalie Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Sept 21, 1937

19. UNDERTAKER Harris & Tyler

(Address) 1600 N. Howard St.

Sept 20 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from February, 1937, to Sept. 18, 1937

I last saw him alive on Sept. 18, 1937. Death is said to have occurred on the date stated above, at 8.10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, mucous membrane, left cheek	Prior to Sept. '37

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. M. Bacon M. D.

(Address) 2810 Taylor Ave Hamilton P. O.

39224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39224

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Balto Hospital (St.) 23-2 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 4 mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Catherine Behrens

If U. S. Veteran specify WAR .....

(a) Residence: No. 104 W. Randall St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: August Behrens

6. DATE OF BIRTH (month, day, year): May 5, 1858

7. AGE: Years 79 | Months 4 | Days 12 | If LESS than 1 day .... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: ——— Bell

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Martha M. Wroten

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Gus Behrens (son)

(Address) 1538 Hanover St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Olivet Cem. Date: Sept. 20, 1937

19. UNDERTAKER: A. Howard Evans.

(Address) 1400 N. Charles St.

20. FILED: SEP 20 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH 1 P.M.

21. DATE OF DEATH (month, day, year): 9-17-37 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fract Rt femur	
Contusion of scalp over Rt eye & forehead	
Probable fractured skull	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/17 . 1937

Where did injury occur? Hanover St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

How did injury occur? Struck by auto while getting out of car

Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Helen Hartley Coate M. D.

Coroner

(Address) 987 N. Charles

V 56

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39225

CERTIFICATE OF DEATH

93-C F 39225

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1244 S. Sharp St., 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John N. Smith

If U. S. Veteran specify WAR

(a) Residence: No. 1244 S. Sharp St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna L. Smith

6. DATE OF BIRTH (month, day, year) Feb 18. 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marble Polisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kilgartner Co

10. Date decreased last worked at this occupation (month, day, year) June 25. 1937

(a) Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Daniel Smith

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Anna L. Smith

(Address) 1244 S. Sharp St.

18. BURIAL, CREMATION, OR REMOVAL.

Place London Park Date Sept 21. 1937

19. UNDERTAKER Jno. Jas. John N. Riebel & Son

(Address) 501 W. Fayette St.

20. FILED SEP 20 1937 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17. 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/25/37 to 9/17/37

I last saw h alive on 9/17/37 at 3:12 P. m. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac failure	6/25/37
Other contributory causes of importance: Cirrhosis of kidneys Oedema	over 1 yr Aug 30 1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac Miller M. D.

(Address) 1225 S. Charles St

F 39226

HEALTH DEPARTMENT—CITY OF BALTIMORE

39226

CERTIFICATE OF DEATH

95-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2018 Wilhelm St. 20-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Catherine G. Joram

(a) Residence: No. 2018 Wilhelm St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick Joram

6. DATE OF BIRTH (month, day, year): September 17-1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	—	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

MOTHER FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Louise Johnson

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Albert L. Bryant

(Address) 2018 Wilhelm St

18. BURIAL, CREMATION, OR REMOVAL: Place London Park Date Sept 21 - 1937

19. UNDERTAKER: George L. Lehnert

(Address) 2101 Frederick Ave.

20. FILED SEP 20 1937 Lington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1935 to Sept. 18, 1937

I last saw her alive on Sept. 18 1937 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease	1935
Other contributory causes of importance: Generalized Arteriosclerosis	—

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mona B. Schreiter, M. D.

(Address) 545 S. Fulton Ave.

F 39227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131 F 39227

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 S. Bentalou St. St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME GEORGE VOGELER

(a) Residence: No. 526 S. Bentalou St. St., 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Vogeler

6. DATE OF BIRTH (month, day, year) Aug 17 - 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinest at 31

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore & O.R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Henry Vogeler

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Wintz

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. Minnie Vogeler
(Address) 526 S. Bentalou St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept. 21. 37

19. UNDERTAKER: T. B. Pickett & Son
(Address) 1300 EUTAW PLACE.

20. FILED SEP 20 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18 - 1937

22. I HEREBY CERTIFY, That I attended deceased from July, 1936 to Sept 18, 1937
I last saw him alive on Sept 18, 1937. Death is said to have occurred on the date stated above, at 9:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Oedema	Sept 18 '37
Coma	"
Other contributory causes of importance: Hypertension, Acute Cardiac Decompensation	"

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John C. Dressler M. D.

(Address) 104 W. Madison St

M. D. F. 1268-9

F 3.9228

3.9228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 Burgundy St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fanny G Crow

(a) Residence: No. 816 Burgundy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 3 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife good

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Gabriel Crow

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs Grace Carson

(Address) 1735 E Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore cem. Date 9/21 1937

19. UNDERTAKER Richard F. Cleary F.D. Dec.

(Address) 1602 North Ave

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-18 1937

22. I HEREBY CERTIFY, That I attended deceased from March 18 1936 19 to Sept 18 1937

I last saw h[illegible] alive on Sept 18 1937. Death is said to have occurred on the date stated above, at 8.40 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Edema — Date of onset 9-17

Other contributory causes of importance:

myocarditis — one
Uremia — Seizures
Cerebral Thrombosis — 9-17

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J. Albert Wright M. D.

(Address) 1174 W. Lanvale St.

F 39229

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39229

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324 N. Bond St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick T. Burkindine

(a) Residence: No. 1324 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Emma Burkindine

7. DATE OF BIRTH (month, day, year) December 31 1869

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 013

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

13. NAME Henry Burkindine

14. BIRTHPLACE (city or town) (State or country) Penna.

15. MAIDEN NAME Madeline Herman

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Mrs. Emma Burkindine

(Address) 1324 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL St. Johns Cem. Perryville Date Rec'd 9/22 1937

19. UNDERTAKER Richard F. Gurley F. Dir.

(Address) 1802 North Ave

20. FILED 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1937, to Sept. 19, 1937

I last saw him alive on Sept. 19, 1937 Death is said to have occurred on the date stated above, at 7:30 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Arteriosclerosis	

Other contributory causes of importance:

Cerebral apoplexy

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Schenker M. D.

(Address) 1919 E. North ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE F 39230

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 6-5 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert Pollack If U. S. Veteran specify WAR .....

(a) Residence: No. 130 N Bond St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-13-36

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	20	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Albert-Pollack

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Ada Lee

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Sept 23rd 1937

19. UNDERTAKER E O Wilson
(Address) 700 Brantley ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1937 to Sept-18, 1937
I last saw him alive on Sept 18, 1937. Death is said to have occurred on the date stated above, at 1 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcal Meningitis	9-10-37
Other contributory causes of importance: Bronchopneumonia	
Sickle cell anemia	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) James D. Haviland, M. D.
(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39231 71-a F 39231

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1134 Harford Ave. St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jennie Loritz

(a) Residence: No. 1134 Harford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Ignatius Loritz

6. DATE OF BIRTH (month, day, year) June-10-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edward Browning

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Louise Swain

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Joseph J. Etzel
(Address) 1134 Harford Ave.

18. BURIAL, CREMATION, OR REMOVAL Date 19

19. UNDERTAKER Henry Strauss & Bro.
(Address) 30 E. Baltimore

20. FILED Harrington Williamsport Md.

SEP 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept.-19-1937

22. I HEREBY CERTIFY, That I attended deceased from 9-11-37 to 9-19-37 19 I last saw h alive on 9-19-37 19 Death is said to have occurred on the date stated above, at 7-25 P. M. m.

The principal cause of death and related causes of importance were as follows:

Pernicious Anemia — Date of onset 7-1-37

Other contributory causes of importance:

Senile Cardiac Debility

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, (Signed) [illegible] M. D.
(Address)

F 39232

39232 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

Registered No. 16-4

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hosp. St. 16 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 5 yrs. 12 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry A. Newman

(a) Residence: No. 1948 Brookview Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write, the word)
♂	W	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) August 7, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Harry A Newman
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Harry A Newman
(Address) 1948 Brookview Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Richmond Va Date Sept. 20 37

19. UNDERTAKER Geo. L. Berger & Bro
(Address) 612 Orleans St.

FEB 9 1937 Harrington Filbert, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1937 to Sept. 19, 1937
I last saw him alive on Sept 19, 1937. Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital ~~heart~~ cardiac malformation	Birth
Cardiac failure	Sept 18

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter Henry Legerwood Jr. M. D.
(Address) University Hospital

F 39233

39233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Lee Carter

If U.S. Veteran specify WAR .....

(a) Residence: No. Ellicott City Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	A. A.	S

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 9/12/37

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Provident Hospital Baltimore Md

13. NAME Charles Lee Carter

14. BIRTHPLACE (city or town) (State or country) Ellicott City Md

15. MAIDEN NAME Margaret Young

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mother - Margaret Young

(Address) Ellicott City Md

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL SEP 20 1937 19

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED SEP 20 1937 Registrar.

3581 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/15, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/12, 1937. to 9/15, 1937.

I last saw him alive on 9/15, 1937. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	9/14/37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carson C. Johnson, M. D.

(Address) Provident Hospital

F 39234

39234 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157D

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1132 Mosher St., 16-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Infant Boston

(a) Residence: No. 1132 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	infant

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept 13, 1937

8. AGE Years	Months	Days 5	If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Carter Boston

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Anna Bell Owens

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Anna Bell Boston
(Address) 1132 Mosher

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL SEP 20 1937
Commissioner of Health

19. UNDERTAKER Per N. A. Moore
(Address)

20. FILED SEP 20 1937

3300 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1937 to Sept. 18, 1937
I last saw him alive on Sept 18, 1937 Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:
Acute Nephritis

Date of onset 9/14/37

anuria

Other contributory causes of importance:
No prenatal Care. Called for 1st time half hour after child was born.

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George McDonald, M. D.
(Address) 644 N Carey

Lot 221

39235

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39235

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. Broadway & Fairmount St. 6-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Mary Miles Brinkley

(a) Residence: No. Church Home & Infirmary St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Edward Payne Brinkley

6. DATE OF BIRTH (month, day, year) April 26, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 3, 1930

11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Miles

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Elizabeth Colbourn

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Ball Brinkley

(Address) 829 S. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date Sept 21 1937

19. UNDERTAKER Henry H. Jenkins Sons Co

(Address) Edmondson & Bellona Aves

20. FILED , 1937 Registrar.

SEP 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9, 15, 37, 19

22. I HEREBY CERTIFY, That I attended deceased from 7, 1, 37, 19, to 9, 15, 37, 19

I last saw him alive on 9, 15, 37, 19. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, generalized	yrs.
Hypertension cardio-vascular dis	"
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh C. Hagenpritz M. D.

(Address) Church Home & Infirmary

39236 F 39236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5207 Monticello St. 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary E. Street

(a) Residence: No. 5207 Monticello St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Street

6. DATE OF BIRTH (month, day, year) 8/22/1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Hugh Fitzpatrick

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget Riley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Joseph Myers
(Address) 5207 Monticello

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Where? Date 9/24/37

19. UNDERTAKER Edward J. Flint
(Address) 2215 Harford Av

20. FILED ... 19... Registrar

SEP 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/18/37

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1937 to Sept 18, 1937. I last saw her alive on Sept 18, 1937. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy - Cerebral Hemorrhage	12 days
Other contributory causes of importance: Carbuncle Abdomen	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clin Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Benj. S. Hayden M. D.

(Address) 1216 N. Castalina St.

39237 F 39237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 20-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4023 Edmondson Avenue St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME PETER F. CLAUTICE or Pierre Clautice

If U. S. Veteran specify WAR

(a) Residence: No. 4023 Edmondson Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ------

6. DATE OF BIRTH (month, day, year) Sept. 28, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Bank Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

MOTHER FATHER

13. NAME Peter Clautice

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

15. MAIDEN NAME Mary Beakey

16. BIRTHPLACE (city or town) Emmitsburg, Md.
(State or country)

17. INFORMANT Miss Ann Clautice
(Address) 4023 Edmondson Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Sept. 21, 19 37

19. UNDERTAKER Chas F. Grant & Son
(Address) 118 W. Mt Royal ave

20. FILED SEP 20 1937 Registrar Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17, 19 37

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1937, to Sept 17, 1937

I last saw him alive on Sept 17, 1937 Death is said to have occurred on the date stated above, at 3.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia	Sept 10, 37
Other contributory causes of importance:	
Chronic Interstitial Nephritis	Sept 1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Hyaline Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. A. Lally, M. D.

(Address) 3517 Edmondson Ave

F 39238

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39238

CERTIFICATE OF DEATH

119

Registered No. 1922-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., Ward)

Length of residence in city or town where death occurred yrs. 4 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thos C. Moore

(a) Residence: No. 1226 Chas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 2, 1933

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Clarence Moore

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Ethel Wilson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Clarence Moore

(Address) 1226 Chas St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 9/20/37 19

19. UNDERTAKER Isaac L Brown & Son

(Address) 101 N Montgomery St

20. FILED SEP 22 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1937 to Sept. 17, 1937

I last saw h[illegible] alive on Sept. 17, 1937. Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro intestinal intoxication (summer diarrhea)	Aug 23 1937

Other contributory causes of importance:

none

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) James Dickson Carr M. D.

(Address) 515 Morlee St

39238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 849 Wellington St. 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Susan P. Flaegle

(a) Residence: No. 849 Wellington St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph J. Flaegle.

6. DATE OF BIRTH (month, day, year) Oct 18, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Md.

FATHER

13. NAME John Schaffer.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Susan P. Snyder

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Ida C. Jolly

(Address) 849 Wellington St.

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Date Sept 21, 1937

19. UNDERTAKER E. Ingwerth & Son.

(Address) 3615-17 Eastern Ave.

20. [illegible] 20 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 19 1937 to Sept 18th 1937

I last saw her alive on Sept 18th 1937 Death is said to have occurred on the date stated above, at 8-30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilation	
(Coronary Thrombosis)	20 yrs
Other contributory causes of importance:	
Chronic Nephritis. Acute Lung Congestion	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 2614 Fait Ave. Balto. Md.

TWUPACK

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

39240 — 159 F 39240

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St., 27-S Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Twupack

(a) Residence: No. 39 4 Pinewood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced—HUSBAND of (or) WIFE of Newborn

6. DATE OF BIRTH (month, day, year) Sept. 19, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	—	7 hrs.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Newborn

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME William Twupack

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Margaret Trunk

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT William Twupack

(Address) 39 4 Pinewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept. 20 1937

19. UNDERTAKER Fred[illegible]

(Address) 1140 [illegible] Ave Balto. Md.

DATE 9 20 1937, 19 Registered No.

Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-19, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-19, 1937 to 9-19, 1937

I last saw he alive on 9-19, 1937 Death is said to have occurred on the date stated above, at 6.10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital debilitas	
b	
Other contributory causes of importance: Premature 30 wks	

Was an operation performed? None Date of

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1 Med. Univ. Balto.

✓ F 39241

39241 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3037 Grayson St., 16-7 Ward)
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William Franklin Wagner
If U. S. Veteran specify WAR .....

(a) Residence: No. 3037 Grayson St., ... Ward. .....
(Usual place of Abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillie B. Wagner

6. DATE OF BIRTH (month, day, year) March 20-1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	5	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sales Supplies
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pikesville Md.

FATHER
13. NAME John Wesley Wagner
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME Mary Barbara Garrison
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Lillie B. Wagner Wife
(Address) 3037 Grayson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Date Oct 31 1937

19. UNDERTAKER Henry C. Cumming Son
(Address) 1130 Pennsylvania Ave

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 19 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above 2 P.M.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance: High Blood Pressure

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) C. Klaus, Coroner M. D.
Coroner
(Address) 1210 Hanover St.

V S 6

39242 | HEALTH DEPARTMENT—CITY OF BALTIMORE F 39242

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 S. Arlington Ave. St., 18-3 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Stevenson A. Carr

(a) Residence: No. 116 S. Arlington Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie R. Carr

6. DATE OF BIRTH (month, day, year) Dec. 14th. 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R. Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Harford. County. Md.

MOTHER FATHER

13. NAME Amous Carr

14. BIRTHPLACE (city or town) (State or country) Harford County. Md.

15. MAIDEN NAME Mary V. Lancaster

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mollie R. Carr
(Address) 116 S. Arlington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baldwin Memorial A. A. Date 9/20/37

19. UNDERTAKER Frederick A. Cole
(Address) 1258 W. Lombard St

20. FILED ..... 19 ..... Registrar.

SEP 20 1937 Huntington Pittsburgh, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17th. 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 2 1936, to Sept 17 1937

I last saw him alive on Sept 16 1937 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	(?)
Cardio-Renal Disease	1931

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William H. Dippert M. D.

(Address) 1326 W. Lombard St

F 39243

39243 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland State Hospital St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Clement Gavinas
If U. S. Veteran specify WAR

(a) Residence: No. Edgemere Maryland Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

7. DATE OF BIRTH (month, day, year) Sept. 10, 1910

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	27		7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Edgemere Md

13. NAME OF FATHER Alexander Gavinas

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME OF MOTHER Mary

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Beatrice Nemeza
(Address) 1743 Fleet Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cemetery Date Sept 22 1937

19. UNDERTAKER John W. Weber
(Address) 401 S. Chester St

20. FILED SEP 20 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1937, to Sept. 19, 1937

I last saw him alive on Sept 19, 1937 Death is said to have occurred on the date stated above, at 1:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hepatic Abscesses	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Sept. 16, 1937

For what disease or injury? Hepatic Abscesses

Name of operation Incision & Drainage

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) O. L. Kaufman M. D.

(Address) Md. State Hosp

F 39244

H. D. B. 1268-3

39244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 11-2 Ward)

Length of residence in city or town where death occurred 50 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James John Forbes Shaw

(a) Residence: No. 120 W. Lanvale St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet Hereford

6. DATE OF BIRTH (month, day, year) Sept. 4, 1864

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary's County Maryland

FATHER

13. NAME James Shaw

14. BIRTHPLACE (city or town) (State or country) St. Mary's County Maryland

MOTHER

15. MAIDEN NAME Jennie Forbes

16. BIRTHPLACE (city or town) (State or country) St. Mary's County Maryland

17. INFORMANT Miss Elizabeth Forbes Shaw
(Address) 1812 St. Paul Street

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cemetery Date 9/21 1937

19. UNDERTAKER Henry U. Mears and Son
(Address) 502 N. Calvert St.

20. FILED 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of brain	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Sept. 19, 1937

Where did injury occur? Greenmount Cemetery Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Shot self in head with

Nature of injury a revolver

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenker M. D.
Coroner

(Address) 1172 North ave.

39245 ✓ F 39246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 E. 32nd St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. — mos. 11 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Benjamin Stephen Schilling

(a) Residence: No. 1719 E. 32nd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Amanda Schilling

6. DATE OF BIRTH (month, day, year) Sept 8 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman Mailing Room Balto Sun Papers

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept 19 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Schilling

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Kaiser

16. BIRTHPLACE (city or town) (State or country) U. S. A.

17. INFORMANT Benjamin S. Schilling Jr.
(Address) 3305 Monara Ave

18. BURIAL, CREMATION, OR REMOVAL
Parkwood Cemetery Date Sept 24 1937

19. UNDERTAKER Chas. G. Black
(Address) 742 W. Fayette Ave

Huntington Filed Sept. 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1935 to Sept 19 1937 last saw him alive on Sept 19 1937 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

Angina Cardialis — Date of onset 1935

Other contributory causes of importance:

Cardiac Asthma Adema. — 1935

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Geo. C. Zimmerman M.D.

(Address) 2858 Harford Rd.

39246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39246

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 12-D Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. — mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. John Durham (Lilly)

(a) Residence: No. Bel Air (Usual place of abode) Maryland St., ... Ward. ..... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Durham

6. DATE OF BIRTH (month, day, year) March 17 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (OCCUPATION)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Wm Stuart Hornberger

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Rosa Ellen Fannon

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mrs Rose Hearst Parkton Md

18. BURIAL, CREMATION, OR REMOVAL Old Buck Cem Date Sept 23 1937

19. UNDERTAKER (Address) Fannenger & Goose Bensonville

20. FILED SEP 21 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1937 to Sept 20, 1937

I last saw h.. alive on Sept. 20, 1937 Death is said to have occurred on the date stated above, at 5.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9-14-37
Arteriosclerosis	?
Diabetis Mellitus	?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Douglas H. Stone, M. D.

(Address) Union Memorial Hospital

39247 F 39247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 27-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

U. S. Veteran specify WAR

2. FULL NAME Eugene D. Goldsborough

(a) Residence: No. 710 Willow Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Goldsborogh

6. DATE OF BIRTH (month, day, year) March 11, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm Goldsborogh

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Nettie Grindall

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lottie Goldsborough

(Address) 710 Willow Ave,

18. BURIAL, CREMATION, OR REMOVAL

Place Morland Date Sept 21 1937

19. UNDERTAKER Geo Ulrich

(Address) 2101 Orleans

FILED SEP 21 1937 19 Huntington Wm Raine, M.D.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) F. K. Ruhm M. D.

Coroner

(Address) 2257 N. Howard St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9248 F 39248

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 332 Tunbridge St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify War No Record

2. FULL NAME Emma L. Benson

(a) Residence: No. 332 Tunbridge St. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: L. Theodore

6. DATE OF BIRTH (month, day, year): Oct 1-1854

7. AGE: Years 83; Months 11; Days 17; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 60 yrs

12. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER'S MAIDEN NAME

13. NAME: Hannah Doll

14. BIRTHPLACE (city or town) (State or country): Frederick Md.

15. MAIDEN NAME: Mary Peters

16. BIRTHPLACE (city or town) (State or country): Frederick Md.

17. INFORMANT (Address): Clifton D. Benson 332 Tunbridge

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Pk Date Sept 22 1937

19. UNDERTAKER (Address): William Cook 1217 St Paul St

20. FILED SEP 21 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10 1937 to Sept. 20 1937

I last saw her alive on Sept. 19 1937. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Days — Date of onset

Other contributory causes of importance:

Myocardial insufficiency — 10 days

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M Bauernschmied M. D.

(Address) 2200 Garrison Blvd.

39249

HEALTH DEPARTMENT—CITY OF BALTIMORE

39249

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 827 Eator Ave St., 9-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U.S. Veteran specify War No Record

2. FULL NAME John E. Hardester
(a) Residence: No. 827 Eator Ave St., Ward.
(Usual place of abode) Life (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Male | 4. Color or race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna R.

6. DATE OF BIRTH (month, day, year) April 10th 1873

7. AGE: Years 64 | Months 5 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bond Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. E. H. Wood & Co
10. Date deceased last worked at this occupation (month, day, year) Sept 20/37
11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (City or town) (State or country) Baltimore Md

FATHER
13. Thomas A Hardester
14. BIRTHPLACE (City or town) (State or country) Baltimore Md

MOTHER
15. Josephine Zimmerman
16. BIRTHPLACE (City or town) (State or country) Baltimore Md

17. INFORMANT (Address) Anna R. Hardester 827 Eator Ave

18. BURIAL, CREMATION, OR REMOVAL Parkwood Date Sept 21st 1937

19. UNDERTAKER (Address) William Cook 1217 St Paul Street

20. FILED SEP 21 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19th 1937

22. I HEREBY CERTIFY, That I attended deceased from September 17 1937 to September 19 1937
I last saw him alive on September 18 1937. Death is said to have occurred on the date stated above, at 10a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Sept 17 1937
Other contributory causes of importance: Arteriosclerosis and Hypertension	1935

Was an operation performed? No Date of -----
For what disease or injury? -----
What test confirmed diagnosis? Clinical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in nny way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) 401 E. 25th Street

HEALTH DEPARTMENT—CITY OF BALTIMORE

39250 F 39250

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Rogers Ave. Ward) 27-15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U.S. Veteran, specify War. No Record

2. FULL NAME Henrietta Renshaw

(a) Residence: No. 2211 Rogers Ave. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

30

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John.

7. DATE OF BIRTH (month, day, year): Sept 15-1840

8. AGE: Years 97 | Months — | Days 5 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: John L. Wolff

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Louisa Myers

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT (Address): Etta Cuddy 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Auret Date Sept 22 37

19. UNDERTAKER (Address): Wm Cope 1217 St Paul St

20. FILED SEP 21 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 20. 1937

22. I HEREBY CERTIFY, That I attended deceased (from Aug 10 - 1937 to Sept. 20 1937. I last saw her alive on Sept. 20 1937. Death is said to have occurred on the date stated above, at 230A m.

The principal cause of death and related causes of importance were as follows: Chr. Myocarditis — Date of onset

Other contributory causes of importance: Senility

Was an operation performed? none Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify ...

(Signed) Geo. E. Hanner M. D.

(Address) 703 N. Fulton Ave.

39251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

175 F 39251

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Louis Laur

(a) Residence: No. 3031 Buena Vista Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Glendora Laur

6. DATE OF BIRTH (month, day, year) Sept 20, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Yellow Cab Co Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frank Laur

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Glendora Laur

(Address) 3031 Buena Vista Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Sept 22nd 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 Registrar

FEB 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Sept. 19, 1937

Where did injury occur? Fremont Ave. Balto. (Specify city or town and State)

Specify whether injury occurred in industry, in home, or in public place Public Street

Manner of injury Struck by Yellow Cab Driven by Unknown

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? White driving Yes

If so, state how

Coroner M. D.

(Address) 2757 W. Lexington

39252 HEALTH DEPARTMENT—CITY OF BALTIMORE 39252

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 Montpelier St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME William T. Diven

(a) Residence: No. 1719 Montpelier St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary R. Diven

6. DATE OF BIRTH (month, day, year) June 26, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Keeper

9. Industry or business in which work was done, as mill, saw mill, bank, etc. Feldman Dept Store

10. Date deceased last worked at this occupation (month and year) 9/8/37

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country) Laurel Md

FATHER

13. NAME William Diven

14. BIRTHPLACE (city or town) (State or country) Laurel Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John Diven (Address) 3308 Parsons Ave.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Sept 21st 1937

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

Registrar

SEP 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Rehemtulla, M. D.

Coroner

(Address) 1119 E. North Ave.

39253 HEALTH DEPARTMENT—CITY OF BALTIMORE 39253

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 W. Lanvale St., 11-4 Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Virginia A. Martin

If U. S. Veteran, specify WAR No Record

(a) Residence: No. 309 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Martin

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 50.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silk

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John Martin

(Address) 309 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Sept 21 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED SEP 21 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to death on the day stated above. 9 30 pm,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis,	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify. .....

(Signed) C. Nau. Ulrich M. D.
Coroner

(Address) 1215 Hanover

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

9254 F 39254

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ..... St 16-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George E. Darrell

If U. S. Veteran specify WAR No Record

(a) Residence: No. 906 N. Fulton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Married

6a. If married, widowed or divorced HUSBAND of (or WIFE of) Naomi M. Darrell

6. DATE OF BIRTH (month, day, year) Apr 6th 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
about 60	5	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Actor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Large

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Geo Darrell

14. BIRTHPLACE (city or town) (State or country) Z

15. MAIDEN NAME Martha Baldwin

16. BIRTHPLACE (city or town) (State or country) Z

17. INFORMANT Miriam Freeman

(Address) Severna Park Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Sept 22nd 37

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

20. FILED SEP 21 1937 Huntington Wm Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1937, to Sept. 19, 1937.

I last saw h.[illegible] alive on Sept. 17, 1937. Death is said to have occurred on the date stated above, at 5:45 P.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 9/16/37

Other contributory causes of importance:

Cardiac Failure — 9/25/37

Bronchopneumonia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Herbert M. Greenebaum, Jr. M. D.

(Address) Sinai Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39255

Registered No. 339255 (3346 42)

1. PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-3 Ward)

Length of residence in city or town where death occurred 2 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME James LaBrie

(a) Residence: No. Mt Airey St., Ward. Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of — Single —

6. DATE OF BIRTH (month, day, year) 4-5-24

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER

13. NAME Thomas LaBrie

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Evelyn Blevlon

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Johns Hopkins Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Sept 22nd 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED SEP 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1937, to Sept-19, 1937

I last saw him alive on Sept-19, 1937. Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

acute appendicitis peritonitis, generalized — Date of onset 9-12-37

Other contributory causes of importance: Pulmonary infarcts, both lower lobes

Was an operation performed? yes Date of 9-15-37

For what disease or injury? Acute appendicitis

Name of operation appendectomy & drainage

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. Strong Jr. M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

39256

CERTIFICATE OF DEATH

✓ 137 F 39256

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp. St. 27-44 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mr. William A. Sailer

(a) Residence: No. 3 Kenwood Road, Roland Park Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. William H. Sailer

6. DATE OF BIRTH (month, day, year): Nov. 4, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	16 15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Director Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Shipping & Commerce

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): New Jersey

13. NAME: Mr. Augustus Sailer

14. BIRTHPLACE (city or town) (State or country): New Jersey

15. MAIDEN NAME: Miss Isabelle Batten

16. BIRTHPLACE (city or town) (State or country): New Jersey

17. INFORMANT: Gertrude S. Sailer

(Address) 3 Kenwood Rd R.P

18. BURIAL, CREMATION, OR REMOVAL: Lake Park Cemetery

Place (Swedesboro N. J.) Date Sept 22nd 1937

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1937, to Sept. 19, 1937

I last saw him alive on Sept. 19, 1937 Death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Hypertrophy	?
Advanced Senility	9-17-37
[illegible]	[illegible]
Other contributory causes of importance:	
Auricular Fibrillation	8-15-37
Uremia	8-15-37

Was an operation performed? Yes Date of Sept. 14, 1937

For what disease or injury? Prostatic Hypertrophy

Name of operation Suprapubic Prostatectomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert H. Lieve M. D.

(Address) Union Memorial Hospital

39257 HEALTH DEPARTMENT—CITY OF BALTIMORE F 39257

CERTIFICATE OF DEATH

Registered No. 13-7 82-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 W. 36th. St. St. 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Leonard L. Margary

(a) Residence: No. 830 W. 36th. St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie L. (nee Hobbs)

6. DATE OF BIRTH (month, day, year) July 24th. 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paperman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. News-papers

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 45yrs.

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Isakel Margary

14. BIRTHPLACE (city or town) (State or country) Puerto Rico

MOTHER

15. MAIDEN NAME Mary E. Joynes

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Lottie L. Margary
(Address) 830 W. 36th. St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Sept. 22/1937

19. UNDERTAKER Chas. F. Sipes Jr.
(Address) 1512 Hollins St.

20. FILED SEP 21 1937 Harrington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1936 to Sept. 19, 1937

I last saw h. alive on Sept. 19, 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis & cerebral thrombosis	2 yrs.
	one

Other contributory causes of importance: Cardiac failure

Was an operation performed? no Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Ex Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify

I (Signed) W. W. Smith M. D.
(Address) 8429 Chestnut Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39258

9258

CERTIFICATE OF DEATH

186-a CC

Registered No. 1877

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 7 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John Parker

(a) Residence: No. 544 N. Baker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Louise Parker

6. DATE OF BIRTH (month, day, year) Feb. 1 - 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) May 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Alexander Parker (dead)

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Ella D. Eggs

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Louise Wood

(Address) 544 N. Baker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9-21 1937

19. UNDERTAKER George G Kelson

(Address) 1203 Pulaski Street

20. FILED SEP 21 1937 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	Sept 18 1937
due to Arterio-sclerosis	years
General	26 1936
Asthenia severe	Sept 21-1937

Other contributory causes of importance: Fracture left humerus

Was an operation performed? No. Date of

For what disease or injury?

Name of operation. Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury June 21 1937

Where did injury occur Balto. City Hospitals (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Hospital

Manner of injury Fell in bath tub in Infirmary

Nature of injury Fracture left humerus.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

39259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 F 39259

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 N. Washington St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Josephine M. Kunnecke

(a) Residence: No. 1512 N Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Kunnecke

6. DATE OF BIRTH (month, day, year) August 15 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Augustus Shroeder

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Caroline ???

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Henry J Lurz
(Address) 3224 Belair Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Sept. 22 1937

19. UNDERTAKER George J Ruth Inc.
(Address) 1735 Harford Ave.

20. FILED 19

SEP 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 18 1937 to Sept 18 1937.

I last saw her alive on Sept 18 1937. Death is said to have occurred on the date stated above, at 6:30 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	
& Gastro-Enteritis	
Other contributory causes of importance:	
Infirmities of Age	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) R B Carman, M. D.

(Address) 1701 N. Carolina st

F 39260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28-4 107-a

F 39260

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 Mallow Hill Road St., 28-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 10 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Ermet R. Hall

(a) Residence: No. 220 Mallow Hill Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillian M. Heddrick

6. DATE OF BIRTH (month, day, year) Oct. 28, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. bookkeeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Charles A.D. Hall

14. BIRTHPLACE (city or town) (State or country) N.J.

15. MAIDEN NAME Alphia Jones

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lillian M. Heddrick

(Address) 220 Mallow Hill Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 21, 1937

19. UNDERTAKER Geo J. Smith

(Address) 1900 Eutaw Place

20. FILED SEP 21 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from ... 1933 ... to Sept 18 ... 1937.

I last saw him alive on Sept 18 1937 Death is said to have occurred on the date stated above, at 430 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis (Senile)	Unknown
Other contributory causes of importance: Bronchio pneumonia	1

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation None Was there an autopsy? No

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. A. Wiring M. D.

(Address) 4000 Edmondson Ave.

39261 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 39261

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (Street) (Ward) 7-12

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Annie Watford

If U. S. Veteran specify WAR

(a) Residence: No. 426 Hutchings Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 9, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Richard Watford
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Emily Wrenn
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Josephine Tate
(Address) 426 Hutchings Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Sept 21 37

19. UNDERTAKER Mrs. Geo. H. Holland
(Address) 1201 Druid Hill Ave

Filed SEP 21 1937

Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9.17. 1937 to 9.18. 1937

I last saw her alive on 9.18. 1937 Death is said to have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	9.17.37

Other contributory causes of importance:
none

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Howard D. Carr M. D.

(Address) 515 Mosher St

39262 F 39262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 141 - 91a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 7-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cleedy Flanagan

If U. S. Veteran specify WAR .....

(a) Residence: No. 453½ Schroeder Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry

6. DATE OF BIRTH (month, day, year) Oct 1909

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
28	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Earl Mitchell

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Alice Mayo

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Henry Flanagan (Address) 453 Schroeder Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Sept 21 '37

19. UNDERTAKER Mrs. Geo. R. Hoggard (Address) 621 Druid Hill Ave

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-16 1937 to 9-15 1937

I last saw h[illegible] alive on 9-15 1937 Death is said to have occurred on the date stated above, at 11 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Int Amb Rectal Endometrit	? about 1 month
Other contributory causes of importance: Rheumatic Heart Disease	?

Was an operation performed? No Date of 8/31/37

For what disease or injury? Fibromyoma Pregnancy

Name of operation Subtotal Hysterectomy & Removal of Tubes

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Bernard Harris M. D.

(Address) 1370 Carlton St.

39263 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 39263

CERTIFICATE OF DEATH

√131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard Hall

If U. S. Veteran specify WAR .....

(a) Residence: No. 1614 Westwood Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Florence Hall

6. DATE OF BIRTH (month, day, year) Aug 24 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Richard Hall

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Elder

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT Florence Hall
(Address) 1614 Westwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 8/21/37 19

19. UNDERTAKER Mr. Eugene H. Holland
(Address) 1611 Druid Hill Ave

20. FILED SEP 21 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1937, to Sept 18, 1937.
I last saw him alive on Sept 18, 1937. Death is said to have occurred on the date stated above, at 5:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	6 mths
	over
Other contributory causes of importance: Hypertension	years

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Richard H. Pemberton M. D.

(Address) Mercy Hospital

Huntington Williams, M.D.

F 39264

F 39264 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 4/20

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St. 17-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr John Franklin Sprenkle

If U. S. Veteran specify WAR .....

(a) Residence: No. Oxford, Pa St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	W	

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Kathryn Sprenkle

7. DATE OF BIRTH (month, day, year) July 29, 1880

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	1	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Adams Co., Pa

13. NAME Mr Oscar F. Sprenkle

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Miss Eliza Shelly

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oxford, Pa. Date Sept 24, 1937

19. UNDERTAKER J. E. Tyson
(Address) Oxford, Pa

20. FILED ..... 19 ..... Registrar.

SEP 21 1937 Harrington [illegible], M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1937, to Sept 21, 1937

I last saw him alive on Sept 20, 1937 Death is said to have occurred on the date stated above, at 12:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative Colitis	?
Peritonitis	9-19-37

Other contributory causes of importance:

Was an operation performed? Yes Date of 9-18-37

For what disease or injury? Exploratory laparotomy

Name of operation Resection of Sigmoid & Bowel

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) B. Hollis Hand, M. D.

(Address) U. Memorial Hospital

F 39265 HEALTH DEPARTMENT—CITY OF BALTIMORE F 39265

CERTIFICATE OF DEATH

26703JS

160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl (Rose) Smith

If U. S. Veteran specify WAR

(a) Residence: No. 568 Baker St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-15-37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Edwards

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Rose Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. of H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Hospital Disposal 9/20/37

19. UNDERTAKER Hutchinson Williams, N.P.

(Address)

20. FILED SEP 21 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-16-, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1937, to Sept 18, 1937

I last saw her alive on Sept 18, 1937. Death is said to have occurred on the date stated above, at 7:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Extra Dural Hemorrhage	9/18
Other contributory causes of importance:	
Mal-Forceps Delivery	9/15

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Charles V. Goodland M. D.

(Address) Baltimore City Hospitals

F 39266 ✓ F 39266 #26793

HEALTH DEPARTMENT—CITY OF BALTIMORE

SF

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 22-2 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Binns

(a) Residence: No. 828 Sharp St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/19/37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9 hours			9

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME James English

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Dorothy Binns

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Hospital Removal Date 9/21 1937

19. UNDERTAKER Huntington Funeral Home
(Address)

SEP 21 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1937, to Sept. 19, 1937.

I last saw her alive on Sept. 19, 1937. Death is said to have occurred on the date stated above, at 6.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Direct Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Charles S. Goodland M. D.

(Address) Balto. City Hospitals

F 39267

39267 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-D

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp 76-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Margaret Kornick

(a) Residence: No. 7211 Aunteau Av St., Balto Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	✓

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/26/36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
8 months		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Mr. Herman Kornick

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mrs. Herman Kornick

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Herman Kornick

(Address) 7211 Cantalene Av

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 9/23 1937

19. UNDERTAKER Lunger Bros

(Address) 1300 Hartford Rd.

20. FILED 19 Registrar

SEP 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/20 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/21 1937 to 9/20 1937

I last saw deceased alive on 9/20 1937 Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital atrophic Kidneys	
Brain tumor ??	
Unknown Intoxication	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Chas B Marsh M. D.

(Address) Bon Secours Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

33H409
39268

F 39268

CERTIFICATE OF DEATH

95-8

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. 2 St., 15-11 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Rogers Mills
If U. S. Veteran specify WAR

(a) Residence: No. 3320 Barrington Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillian E.

6. DATE OF BIRTH (month, day, year): 2-15-87

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Safety Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Grundel Sand & Gravel Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER FATHER

13. NAME: James Mills
14. BIRTHPLACE (city or town) (State or country): Balto. Md.
15. MAIDEN NAME: Kate Rous
16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT (Address): JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Date: Sept 23 37

19. UNDERTAKER (Address): Wm J Tipker & Son Balto & Paca

20. FILED: [illegible] Registrar.

SEP 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1937 to Sept 21, 1937
I last saw him alive on Sept 21, 1937. Death is said to have occurred on the date stated above, at 5-30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerotic cardio vascular disease	Indef
Other contributory causes of importance:	
cardiac decompensation	9/10/37
occlusion of central retinal artery (L)	9/21/37

Was an operation performed? no Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. Brennan M. D.
(Address) Johns Hopkins Hospital

M. D. B. 1268-9

✓ F 39269

39269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 Cumberland St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hallie V Cornish

(a) Residence: No. 602 Cumberland St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widow

3a. If married, widowed, or divorced
(or) WIFE of Leroy Cornish

6. DATE OF BIRTH (month, day, year) Mar 25, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

FATHER

13. NAME George Vanlear

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ivy Brown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Theresa A. Warfield

(Address) 602 Cumberland St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date Sept 22 1937

19. UNDERTAKER Harry E. Chase Son

(Address) 638 N. Fremont St

20. FILED Sept 21 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17. 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1936 to Sept 17 1937

I last saw h[illegible] alive on Sept 16 1937 Death is said to have occurred on the date stated above, at 12.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	one

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Wellington Fay M. D.

(Address) 1928 Penna Ave.

F 39270

39270 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Balto Gen. Dr 210-M

CITY OF BALTIMORE: (No. 345 St., Ward 2)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Patrick Branigan

(a) Residence: No. Unknown St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records Police Dept

(Address)

18. BURIAL, CREMATION, OR REMOVAL UNIVERSITY MEDICAL SCHOOL SEP 21 1937

Place ... Date ... 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Injuries	9/6
Probable fracture of Base	9/6

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date Sept 6 1937

Where did injury occur? Pennsylvania Ave near Cherry St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

How injury occurred Struck by automobile white

Name and address of informant Aaron Stutt

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Herbert Gruby Arts M. D. Coroner

(Address) 967 N Chas

V S 6

Huntington W. Jones, M.D.

✓ F 39271

39271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Stallings

(a) Residence: No. 14 N. Front St. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	?

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 11, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Samuel Stallings

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Martha Waters

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL SEP 21 1937 19....

19. UNDERTAKER Commissioner of Health
(Address) For H. A. Moore

20. FILED SEP 21 1937 Harrington Wingate Registrar.

3503 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/8, 1937, to 9/14, 1937.

I last saw h[e] alive on 9/14, 1937 Death is said to have occurred on the date stated above, at 12 03 p.m. 2120 P.M

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Lobar Pneumonia	
Other contributory causes of importance: Septicemia	

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Sputum Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .....Date of injury....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. I. Dreamsky, M. D.

(Address)

39272 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39272

CERTIFICATE OF DEATH

51-a

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 232 Park Ave. St., 4-1 Ward)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U. S. If of foreign birth 32 yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harold Nymark

(a) Residence: No. 232 Park Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Klara Nymark

6. DATE OF BIRTH (month, day, year): Aug. 13-1872

7. AGE: Years 65 | Months 1 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Food store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (proprietor)

10. Date deceased last worked at this occupation (month and year): 10

11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (city or town) (State or country): Finland

MOTHER FATHER

13. NAME: Gustoph Nymark

14. BIRTHPLACE (city or town) (State or country): Finland

15. MAIDEN NAME: Hannah Nybilen

16. BIRTHPLACE (city or town) (State or country): Finland

17. INFORMANT (Address): Mrs. Klara Nymark 232 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park Date Sept. 22 1937

19. UNDERTAKER (Address): Horace G. Burgee 3631 Falls Road

20. FILED ..... 19..... Registrar.

SEP 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1936 to Sept 21 1937

I last saw h[im] alive on Sept 20 1937. Death is said to have occurred on the date stated above, at 12 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma. R. Kidney, Lower Lobe R. Lung.	9 mo

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Norris H. [illegible] M. D.

(Address) 7020 N. Charles St

F 39273

34646

39273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick W Koch

If U. S. Veteran specify WAR .....

(a) Residence: No. Route 6 St., ... Ward. York Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara

6. DATE OF BIRTH (month, day, year) 1-3-96

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1031

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pa

MOTHER'S MAIDEN NAME

13. NAME Frederick Koch

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Anna Strook

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Jacobus, Pa. Date Sept. 21. 37

19. UNDERTAKER Horace F. Burgee

(Address) 3631 Falls Road

20. FILED Sept 21 1937 [illegible]

1031

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20. 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 16. 1937 to Sept 20. 1937

I last saw him alive on Sept 20. 1937 Death is said to have occurred on the date stated above, at 9.45 p.m.

The principal cause of death and related causes of importance were as follows:

Pineal Tumor (Glioma malignant) — Date of onset 1936

Other contributory causes of importance:

Cerebral Oedema — 9-19-37

Was an operation performed? Yes Date of 9-12-37

For what disease or injury? Pineal Tumor

Name of operation Ventriculotomy

What test confirmed diagnosis? Opcv. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) William Gray Watson. M. D.

(Address) Johns Hopkins Hospital

Spec—12-9-25—A Co—200 Blks

39274

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39274

CERTIFICATE OF DEATH.

131

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1234 Delaware ave. St. 13-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Emory Gosnell

(a) RESIDENCE NO. 1234 Delaware ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Cora M Gosnell

6 DATE OF BIRTH (month, day, and year): 2-16-1880

7 AGE — Years: 57 | Months: 7 | Days: 3 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Carroll County

(State or country): Maryland

PARENTS

10 NAME OF FATHER: James A Gosnell

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Carroll County Md

12 MAIDEN NAME OF MOTHER: Margaret Rothers

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Carroll County

14 Informant: Mrs Cora M Gosnell

(Address): 1234 Delaware ave

15 Filed ..... 19 ..... Registrar

1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 17, 1937

17 I HEREBY CERTIFY, That I attended deceased from March 4 1937, to Sept 17, 1937, that I last saw him alive on Sept 17, 1937, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-Renal Vascular disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Left Cerebral Hemiplegia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. M. Disease M. D.

. 19 (Address) 848 W. 36th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Pleasant Cemty — Date of Burial: Sept 22, 1937

20 UNDERTAKER: C. M. Watts — ADDRESS: Winfield, Md

✓ F 39275

9275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Washington

(a) Residence: No. 1212 Jefferson St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 10-27-1889

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
47	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mich.

MOTHER

13. NAME Richard

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Cath. Wilsom

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL SEP 21 1937

Place UNIVERSITY MEDICAL SCHOOL Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED SEP 1 1937 Registrar

3504

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1937, to September 17, 1937

I last saw him alive on September 17, 1937. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	8-16-37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. De Lautelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39276

39276

CERTIFICATE OF DEATH

349-23

1. PLACE OF DEATH — CBK--25926

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Baltimore City Hospital St. 17 Ward

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie May Collins

(a) Residence: No. 608 Hoffman St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Divorced

6a. If married, widowed, or divorced (or) WIFE of Eddie Ernest Anderson Cullins

6. DATE OF BIRTH (month, day, year) Dec. 18, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	16	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME ? Thomas

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Pauline Thomas

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records of Balto. City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL SEP 21 1937
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED ... 19... Registrar.

21 1937

3803 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 14 1937

22. I HEREBY CERTIFY, That I attended deceased from August 17, 1937, to September 14, 1937

I last saw her alive on September 14, 1937. Death is said to have occurred on the date stated above, at 10 55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	July 1936
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. DeSanctis M. D.

(Address) Baltimore City Hospitals

F 39277

39277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5-2 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Raymond Holling (25940)

If U. S. Veteran specify WAR

(a) Residence: No. 302 N. Exeter St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 23, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. plf

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John Summers

14. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER

15. MAIDEN NAME Mary Virgie Green

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place UNIVERSITY MEDICAL SCHOOL Date SEP 21 1937

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address) Huntington Fun. Home, Inc.

20. FILED 21 1937 By

3586 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1937 to Sept. 15, 1937

I last saw him alive on Sept. 15, 1937 Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis Lungs. Date of onset June 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Cassedy M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39278 — 49-A — F 39278

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 E. Federal St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 9 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Kramer

(a) Residence: No. 221 E. Federal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 15, 1872.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Kramer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Koch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. John Lau, (Sister)
(Address) 221 E. Federal St.

18. BURIAL, CREMATION, OR REMOVAL
Place Date Sept. 22, 1937

19. UNDERTAKER Harry H. Lutzke
(Address) 1701 Eastern Ave.

20. FILED SEP 21 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1937 to Sept. 18, 1937

I last saw her alive on Sept. 18, 1937 Death is said to have occurred on the date stated above, at 12:10 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left tube & ovary. Carcinoma of liver.	3-5-37
Other contributory causes of importance:	

Was an operation performed? Yes Date of April 1937

For what disease or injury? Carcinoma of left tube & ovary.

Name of operation Hysterectomy.

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Allen G. Singer M. D.

(Address) 1613 E. North Ave.

39270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39270

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1212 Hollins St. St. 18-3 Ward)

Length of residence in city or town where death occurred 24 yrs. - - mos. - - ds. How long in U. S. If of foreign birth? ..... yrs ..... mos ..... ds.

2. FULL NAME Ada Naber.

If U. S. Veteran specify WAR .....

(a) Residence: No. 1212 Hollins St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, (or) WIFE of Ferdinand J.Naber.

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	- - - -	- - - -	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

FATHER

13. NAME Simon Hudson.

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Ferdinand J.Naber(husband)

(Address) 1212 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park, Date Sept 22, 1937

19. UNDERTAKER Harry N. Writzke

(Address) 4101 Edmondson Ave

20. FILED 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 19,1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating gas poisoning	9/19/37
Suicide while mentally deranged.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 9/19/37

Where did injury occur? 1212 Hollins St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home.

Manner of injury Illuminating gas from gas stove and water heater.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M. Reinhardt, M. D.
Coroner

9/20/37 (Address) 1017 S. Charles St.

V 5 6

39280 HEALTH DEPARTMENT—CITY OF BALTIMORE 39280

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2910 E Baltimore St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Andrew Hayes

If U. S. Veteran specify WAR

(a) Residence: No. 2910 E Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Stanton

6. DATE OF BIRTH (month, day, year) 3/14/1862

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
75	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fish Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Chas Hayes

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Braudart - ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Wm Hayes
(Address) 2910 E Baltimore

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 9/22/37

19. UNDERTAKER J. J. Fahey's Sons
(Address) 1318 Light St.

20. FILED ... 19... Registrar

SEP 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/19/1937

22. I HEREBY CERTIFY, That I attended deceased from 1-1-35, 19..., to 9/19/37, 19...

I last saw him alive on 9/18/37, 19... Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	4 yrs
Other contributory causes of importance: Hypertrophic Cirrhosis	1 yr.

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) L. L. Harrmann, M. D.

(Address) 2936 Baltimore

39281 ✓ F 39281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

252341-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 7-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? 32 yrs. mos. ds.

2. FULL NAME Vincent Rizzo

If U. S. Veteran specify WAR

(a) Residence: No. 1505 E. Eager St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ferilnia

6. DATE OF BIRTH (month, day, year) 4-21-1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. confectionery store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own store 0019

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER FATHER

13. NAME Thomas Rizzo

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Mary Antolene

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sep 23 37

19. UNDERTAKER Wm. S. Fialkowski

(Address) 200 Eastern Ave

20. FILED Sep 21 1937 Registrar. Dr

Vigliato Funeral Home Inc. Paul Vigliato Pres.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1937, to September 20, 1937

I last saw him alive on September 20, 1937. Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	June 1937
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. A. De Santville M. D.

(Address) Baltimore City Hospitals

F 39282

HEALTH DEPARTMENT—CITY OF BALTIMORE

39282

CERTIFICATE OF DEATH 26416--CM / 31

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City nospt. St., 76-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13yrs yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James nodge James H. Hodge If U. S. Veteran specify WAR

(a) Residence: No. 301 S. Lehigh St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace L. Hodge

6. DATE OF BIRTH (month, day, year) 8-23-1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 9015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bal. Steel Corp

10. Date deceased last worked at this occupation (month and year) Aug 1937

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Kyler Hodge

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Vivie ?

16. BIRTHPLACE (city or town) (State or country) Geo'gia

17. INFORMANT Records of Balto. City nospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Hollywood Cem Date Sept 22 1937

19. UNDERTAKER Crapster & Cook
(Address) 1020 N. Eutaw St

20. FILED SEP 21 1937 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 4, 1937, to September 21, 1937

I last saw h-- alive on September 21, 1937. Death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	Unknown
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. A. De Lafalle M. D.

(Address) Baltimore City Hospitals

3 34211
3 35283

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35283

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 82-W

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15-11 Ward)

Length of residence in city or town where death occurred 21 yrs. 2d mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harvey E. Conchy

If U. S. Veteran specify WAR .....

(a) Residence: No. 3406 Edgewood Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 11-4-72

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner

10. Date deceased last worked at this occupation (month, year) Colonial Mart. Total time (years)

12. BIRTHPLACE (city or town) (State or country) Pa

MOTHER FATHER

13. NAME Jos B Conchy

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Margt Cowan

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge C. Date 9/22/37

19. UNDERTAKER Geo H. Lennbuch (Address) 1-25 N. Eutaw St.

20. FILED ..... 19 ..... Registrar.

SEP 21 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1937 to Sept 20, 1937

I last saw h. alive on Sept 20, 1937 Death is said to have occurred on the date stated above, at 4.54 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral accident (type undetermined)	9/18/37
Diffuse Chondromata, (type as yet undetermined)	indefinite
Other contributory causes of importance:	over
Diffuse osteoporosis	

Was an operation performed? Yes Date of 9/16/37

For what disease or injury? .....

Name of operation biopsy

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. A. Crohnan M. D.

(Address) Johns Hopkins Hospital

39284

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39284

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 745 Bartlett Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred white ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Ann Love If U.S. Veteran specify WAR No Record

(a) Residence: No. 745 Bartlett Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 8 1919

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thos Henry Love

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Catherine B. Highsmith

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Margaret Highsmith (Address) 100 S Monroe St.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date 9/22/37

19. UNDERTAKER Williams Bros (Address) 1217 St Paul St.

20. FILED SEP 22 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20 1937 12:30 P.M.

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1937 to Sept 20, 1937

I last saw h alive on Sept 19, 1937 Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	1936
Acute Pulmonary Edema	1 day

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

M. D. (Signed) Clarence E. Wolfe

(Address) 1331 E. North Ave

F 39285 HEALTH DEPARTMENT—CITY OF BALTIMORE F 39285

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (St.) 25-5 (Ward)

Registered No. 213-M

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Marion McAuliffe

(a) Residence: No. 1307 Patapsco Ave. (Usual place of abode) Brooklyn Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 12, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	20		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rivet Heater

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship-yard

10. Date deceased last worked at this occupation (month and year) Sept. 16, 1937

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John. A. McAuliffe

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Pauline A. Jenkins

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. P.A. McAuliffe

(Address) 1307 Patapsco Ave.

18. BURIAL, CREMATION, OR REMOVAL New Cathedral Cem. Date 9/22/1937

19. UNDERTAKER John J. Cowan &Son

(Address) # 901 Hollins St.

SEP 22 1937 19 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19, 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Yes Date Sept 17, 1937

For what disease or injury? Injury

Name of operation Decompression Sept. 17

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Sept. 16, 1937

Where did injury occur? Fairfield Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry (Md. Dry Docks)

Manner of injury Fell into open hatchon

Nature S.S. William A. Kenney

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Fell when working on Boat

(Signed) [signature] M. D. Coroner

(Address) 2757 W. North Ave.

Filing for Funeral

USE

HEALTH DEPARTMENT—CITY OF BALTIMORE

39286

CERTIFICATE OF DEATH

59 F 39286

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2317 Annika Ave. St. 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Celia Bass

If U. S. Veteran specify WAR

(a) Residence: No. 2317 Annika Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Bass

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel Fitzycow

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Etta —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT David Bass (Son)

(Address) 2317 Annika Ave.

18. BURIAL, CREMATION, OR REMOVAL Mill Rd

Place Holy Cross Cemetery Date 9-22- 37

19. UNDERTAKER Jos. Levin Inc.

(Address) 1439 E. Baltimore St.

20. FILED 19

(Registrar)

SEP 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-20- 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 17 1936 to Sept 20 1937

I last saw her alive on Sept 20 1937 Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Disease of the coronary arteries	4/17/36
Other contributory causes of importance: Diabetes mellitus	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Course Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Morton B Kirsh M. D.

(Address) 2904 Reisterstown Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

39287 F 39287

CERTIFICATE OF DEATH

Registered No. 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 40 yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Sophia Bender

(a) Residence: No. 2434 Lindenave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Moses

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Day 9/22/37 19

19. UNDERTAKER Jos. L. Levin Sons

(Address) 1639 E. Baltimore St.

DATE RECEIVED 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-19 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-15 . 1937. to 9-19 . 1937.

I last saw her alive on 9-19 . 1937 Death is said to have occurred on the date stated above, at 2.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	?
& Hypertension.	
Coronary Thrombosis.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jerome N. Bartha M.D. M. D.

(Address) 323 Fayette St.

39288 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 39288

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1423 Henry St. 24-2 Ward)

Length of residence in city or town where death occurred 77 yrs. 0 mos. 23 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Joseph Armiger — If U. S. Veteran specify WAR .....

(a) Residence: No. 1423 Henry St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Florence O. Armiger

6. DATE OF BIRTH (month, day, year) Aug. 27, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	77	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jesse Armiger

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Emily Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT S. Elmer Armiger
(Address) 3325 Winterbourne Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Sept. 22, 1937

19. UNDERTAKER John F. Gempp
(Address) 716 Light St

20. FILED ..... 19..... Registrar.

Sept 22 1937 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1937 to Sept 19 1937

I last saw him alive on Sept 19 1937. Death is said to have occurred on the date stated above, at 6.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with Hypertension	1935
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Sidney H. Strutt M. D.

(Address) 421 E Fort Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

39289

CERTIFICATE OF DEATH

8-6 131 F 39289

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 Federal St., 8 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Nellie Mockabee

(a) Residence: No. 1711 Federal St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Mockabee

6. DATE OF BIRTH (month, day, year) Aug 24 1883

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
54		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME ~~Martin Van Buren~~

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mary Hillbein

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT William Mockabee
(Address) 1711 Federal

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 23 37

19. UNDERTAKER John H. Flynn
(Address) 2004 Orleans St

9 22 1937 Huntington Williamson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/20- , 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1937 to 9/20- , 1937

I last saw h[illegible] alive on 9/20 , 1937 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	?
Hypertension	
Cerebral Hemorrhage	9/19/37

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Franklin C. Eleder, M. D.

(Address) 3726 Belair Road

FRANKLIN C. ELEDER

HEALTH DEPARTMENT—CITY OF BALTIMORE

39290

CERTIFICATE OF DEATH

26-10-93-c F 39290

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 342 S East A ve St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Theressa A Knouss

(a) Residence: No. 342 S East Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William A Knouss

6. DATE OF BIRTH (month, day, year) Oct 9 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	11	11 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER'S FATHER'S

13. NAME Moses Smith

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Eliza Greist

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Miss Maude Knouss

(Address) 342 S East Ave

18. BURIAL, CREMATION, OR REMOVAL Place St Matthews Date Sept 24 1937

19. UNDERTAKER John Gillen & Son

(Address) 2004 Eutaw St

20. FILED SEP 27 1937 Thos. E. Huntington, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21 1937.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18 1937 to Sept. 12 1937

I last saw her alive on Sept. 12 1937. Death is said to have occurred on the date stated above, at 3 25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Lenny B. Athey M. D.

(Address) 3504 Eutaw St.

F 39291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39291

Registered No. 9442

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 529 Orchard St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Coker

(a) Residence: No. 529 Orchard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Coker

6. DATE OF BIRTH (month, day, year) Dec 25 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Buford S.C.

FATHER

13. NAME Coker

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Hatter ?

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Emma Coker
(Address) 529 Orchard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 9/23 1937

19. UNDERTAKER William A Jackson
(Address) 900 Pennsylvania Ave

SEP 27 1937 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas Corner M. D. Coroner

(Address) 125 Mercer St

V S 6

39292

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39292

CERTIFICATE OF DEATH

Registered No. 26-7 √34-93-C

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Balto. Md.
CITY OF BALTIMORE: (No. ..... St. ..... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME John Bandy — If U. S. Veteran, specify WAR World War

(a) Residence: No. 4519 Eastern Ave., Balto. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elizabeth Jenkins Bandy

6. DATE OF BIRTH (month, day, year) May 4, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Std. Overall Co.

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John H. Bandy

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Barbara ?

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records-U.S. Marine Hospital
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date 9/23 '37

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Mulberry sts

20. FILED SEP 22 1937 [illegible] L K G

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 19 1937

22. I HEREBY CERTIFY, That I attended deceased from September 8, 1937, to September 19, 1937
I last saw him alive on September 19, 1937. Death is said to have occurred on the date stated above, at 2:20a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis, tertiary	unknown
Myocarditis, chronic (syphilitic)	"
Arteriosclerosis, general	"
Dilatation of aorta	"
Other contributory causes of importance:	

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis clinical finding Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) T. N. Anderson, M.D.
(Address) U. S. Marine Hospital, Balto., Md.

RLL-HG

39293

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39293

CERTIFICATE OF DEATH

1121

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Penitentiary St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Leslie King

(a) Residence: No. 954 Forrest St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
M	White	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Lena King

6. DATE OF BIRTH (month, day, year) Sep 5 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co., Md

FATHER

13. NAME Wm A. King

14. BIRTHPLACE (city or town) (State or country) Harford Co, Md

MOTHER

15. MAIDEN NAME Clara Enfield

16. BIRTHPLACE (city or town) (State or country) Harford Co., Md

17. INFORMANT Patient himself
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Long Level Cem. Date Sept 24 1937

19. UNDERTAKER Thomas Bros Co.
(Address) Forest Grove Pa

Filed SEP 22 1937 19 Huntington D Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-22-37

22. I HEREBY CERTIFY, That I attended deceased from Sep. 12, 1937, to Sep 22, 1937, 19....

I last saw h.m alive on Sep. 22, 1937. Death is said to have occurred on the date stated above, at 2 40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	
Other contributory causes of importance:	
Appendicitis	

Was an operation performed? Yes Date of 9-16-37

For what disease or injury? appendicitis

Name of operation appendectomy

What test confirmed diagnosis? Evidence Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) John T. Aubrey M. D.

(Address) Temple Court Bldg

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39294

Registered No. F 39294

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Horace G. Grant

If U. S. Veteran specify WAR .....

(a) Residence: No. 550 - 2nd St N St., ... Ward. St Petersburg Fla

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Kate Harbey

6. DATE OF BIRTH (month, day, year): 6/5/60

7. AGE: Years 77 | Months 9 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: N/D

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER FATHER

13. NAME: John Grant

14. BIRTHPLACE (city or town) (State or country): Scotland

15. MAIDEN NAME: Anna Byrnes

16. BIRTHPLACE (city or town) (State or country): St Louis Mo.

17. INFORMANT: Records (Address) JOHNS HOPKINS HOSPITAL Balto. Co. Md

18. BURIAL, CREMATION, or REMOVAL: Cedar Hill Prince Geo. Co. Md Date Sept 22 37

19. UNDERTAKER: John O'Donnell & Sons (Address) 1900 Eastern Ave

Registrar.

SEP 22 1937

Huntington, Md. Longwood, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1937, to Sept 20, 1937

I last saw him alive on Sept 20, 1937. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease 6 months	?
Coronary occlusion.	?
Terminal embolism	9/20/37

Other contributory causes of importance:

Sept. 10 1937

Was an operation performed? yes Date of Sept 8 1937

For what disease or injury? Benign prostatic hypertrophy

Name of operation Suprapubic prostatectomy

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Carl E Burkland M. D.

(Address) C. H.

F 39295 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5119 F 39295

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert Raynor

(a) Residence: No. 1035 Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 4, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Harry Raynor

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Pauline Delesio

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mother (Address) 1035 Chester

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Sept 22 1937

19. UNDERTAKER Frank Keller Sons (Address) 52 N Monroe St.

20. FILED Sept 22 1937 Hunter's Point Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-20-1937

22. I HEREBY CERTIFY, That I attended deceased from 9-16- 1937 to 9-20- 1937

I last saw him alive on 9-20- 1937 Death is said to have occurred on the date stated above, at 10:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea - non-infectious	9-14
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Gelston M. D.

(Address) Sydenham Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39296

CERTIFICATE OF DEATH

X 131 F 39296

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital A-2 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Brightful

(a) Residence: No. 4 Union St. St., Ward. Westminster Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of William Brightful

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME William Morgan

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER

15. MAIDEN NAME Ella Bowers

16. BIRTHPLACE (city or town) (State or country) Westminster Md.

17. INFORMANT William Brightful

(Address) 4 Union St Westminster

18. BURIAL, CREMATION, OR REMOVAL

Place Elsworth Cem Date Sept 25 1937

19. UNDERTAKER J. L. Myers Jr.

(Address) Westminster Md.

FILED SEP 22 1937 Huntington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1937, to Sept 22, 1937

I last saw h[illegible] alive on Sept 22, 1937. Death is said to have occurred on the date stated above, at 6 15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-renal disease.	1931
	over

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) Walter Henry Keney Jr. M. D.

(Address) University Hospital

39297 ✓ F 39297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

112

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1528 Harlem Ave 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Fowler

If U.S. Veteran specify WAR

(a) Residence: No. 1528 Harlem Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) April 4, 1908

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	5	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

13. NAME Samuel Gross

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

15. MAIDEN NAME Mamie Lee

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Charles T. Harris

(Address) 1528 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Sept 22, 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St

20. FILED SEP 22 1937 Registrar Huntington Place Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Septr 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Septr 18, 1937 to Septr 19, 1937

I last saw her alive on Septr 19, 1937 Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	
Emphysema (Pul)	over
Acute Cardiac dilatation	

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury?

What test confirmed diagnosis? neg Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. F. Howells, M. D.

(Address) 601 N Carrollton Ave

F 39298

39298 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

126

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home + Infirmary 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Margaret Weis

(a) Residence: No. 524 N. Potomac St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of The Late Albert Weis

6. DATE OF BIRTH (month, day, year) Feb. 16-1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Continental

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Can Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Philip Miller

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Maryann Cummings

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Harry Weis (Son)

(Address) 524 N. Potomac St.

18. BURIAL, CREMATION OR REMOVAL

Place Holy Rosary Date Sept 25 1937

19. UNDERTAKER Lilly + Teiler INC.

(Address) 403 E. Wolfe St.

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1937 to Sept. 21, 1937

I last saw h.r alive on Sept. 21, 1937 Death is said to have occurred on the date stated above, at 1:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis	1932
Cholelithiasis	

Other contributory causes of importance:

Hepatorenal insufficiency following cholecystectomy

Was an operation performed? Yes Date of 9-14-37

For what disease or injury? Cholelithiasis

Name of operation Cholecystectomy Date of 9-14-37

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry C. Illegible M. D.

(Address) Church Home + Infirmary

39299

HEALTH DEPARTMENT—CITY OF BALTIMORE

39299

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 471 Hamilton St. 25 Ward)

Registered No. 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Edward L. Burkert

If U. S. Veteran specify WAR

(a) Residence: No. 471 Hamilton St., 25 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma C. Laage

6. DATE OF BIRTH (month, day, year) Jan 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Factory

10. Date deceased last worked at this occupation (month and year) Feb 1936

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Martin L. Burkert

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mathana Bell

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Emma C. Burkert

(Address) 471 Hamilton St

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Feb 23 1937

19. UNDERTAKER Wm. H. Taylor & Sons

(Address) 1518 Eighteen St.

20. FILED FEB 22 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 11, 1936 to Feb 21, 1937

I last saw him alive on Feb 20, 1937 Death is said to have occurred on the date stated above, at 12:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration
Cardiac Decompensation	7 Days
Valvular Heart disease	1 Year

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. H. Taylor M. D.

(Address) 1518 Eighteen St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39300

39300

CERTIFICATE OF DEATH

X 66-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp St., 11-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. — mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Martha M. Curtis

If U. S. Veteran specify WAR

(a) Residence: No. Sparks md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aaron Curtis

6. DATE OF BIRTH (month, day, year) Mar 6 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	6	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., md

13. NAME Mrs. Mamie Mason

14. BIRTHPLACE (city or town) (State or country) Balto. Co., md

15. MAIDEN NAME Mary Mason

16. BIRTHPLACE (city or town) (State or country) Balto Co, md

17. INFORMANT Mrs. Aaron Curtis

(Address) Butler, Balto. Co. Md

18. BURIAL, CREMATION, OR REMOVAL

Place Falls Rd Chapel Date Sept 24 1937

19. UNDERTAKER Wm. C. Brooks & Son

(Address) Sparks, Md

Registrar.

22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/19/37 19 to September 22 1937

I last saw her alive on September 22 1937. Death is said to have occurred on the date stated above, at 10 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exophthalmic Goitre	
Aortic Stenosis + Insufficiency	
Diabetes	
Decompensated Heart Disease	
Other contributory causes of importance:	
Heart Failure	

Was an operation performed? Yes Date of 9/21/37

For what disease or injury? Exophthalmic Goitre

Name of operation Subtotal Thyroidectomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Dr. H. E. Santmyer M. D.

(Address) Maryland General Hosp

39301 F 39301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 26652--EF

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17 Ward) Registered No. 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lena Lee

(a) Residence: No. 1223 Division St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Witfield

6. DATE OF BIRTH (month, day, year) 12-- 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Eli Moore ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Hattie Cotter

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Sept 22nd 1937

19. UNDERTAKER Elroy O Wilson
(Address) 1001 Brandywine

20. FILED Sept 22 1937 Huntington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 18. 1937

22. I HEREBY CERTIFY, That I attended deceased from September 13, 1937, to September 18, 1937

I last saw her alive on September 18 1937. Death is said to have occurred on the date stated above, at 11:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus (?) meningitis	9-11-37
Cerebral hemorrhage with aseptic meningitis	9-11-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. De Lantella M. D.
(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39302 F 39302

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 162 W. West St. St. 23-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrola Cooks.(c) If U. S. Veteran specify WAR .....

(a) Residence: No. 162 W. West St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) January 15,1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

FATHER

13. NAME Major Cooks.(c)

14. BIRTHPLACE (city or town) (State or country) South Carolina.

MOTHER

15. MAIDEN NAME Itlean Felder.(c)

16. BIRTHPLACE (city or town) (State or country) South Carolina.

17. INFORMANT Itlean Cooks.(c)mother.
(Address) South Carolina.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Ct Date 9/22/37 19

19. UNDERTAKER Isaiah L Brown & Son
(Address) (or W Montgomery St
Huntington Williams, N.J.

FILED SEP 22 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 21,1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Non-infectious Diorrhoea.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Tho M Reinhardt, M. D.
Coroner

9/21/37 (Address) 1017 S. Charles St.

V S 6

F 39303

HEALTH DEPARTMENT—CITY OF BALTIMORE

9303

CERTIFICATE OF DEATH

449

1. PLACE OF DEATH St. Agnes Hospital — Registered No. 28437

CITY OF BALTIMORE: (No. Room 4 Mullens Eaton aves St. 20-8 (Ward) Hall) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jane Ledley (JAYNE HOO) — If U. S. Veteran specify WAR .....

(a) Residence: No. 521 Jayne Ave St. Ja Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 29 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Walter C Ledley

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Rachel Isabel

16. BIRTHPLACE (city or town) (State or country) Catonsville Maryland

17. INFORMANT Wm. Walter C Ledley
(Address) 521 Jayne ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept. 24 1937

19. UNDERTAKER H. B. Hopper & Son
(Address) 1100 Eutaw Place

Sept 22 1937 — Registrar

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) 9-21-1937

22. I HEREBY CERTIFY, That I attended deceased from 9-15 1937 to 9-21 1937

I last saw h..... alive on 9-21-37 Death is said to have occurred on the date stated above, at 1.20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post-vaccinal encephalitis.	9-14-37
Other contributory causes of importance:	

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Laurence J Shinnick M. D.
(Address) St. Agnes Hospital.

39304 F 39304

39304 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp St., 20-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Leach

If U. S. Veteran specify WAR

(a) Residence: No. 2518 Emerson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs Emma Leach

6. DATE OF BIRTH (month, day, year) May 27-1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frederick C. Leach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline A. Dreschler

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Emma L. Leach

(Address) 2618 Emerson St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Sept 25 1937

19. UNDERTAKER J. F. Siebert & Son

(Address) 3200 Eastern Ave

20. FILED 19 Registrar

SEP 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/17/37 1937 to 9/22 1937

I last saw h.. alive on 9/22 1937 Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Lung infection & gangrene	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, state —

(Signed) Chas B Marsh M. D.

(Address) Bon Secours Hosp

✓ F 39305

39305 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 1872

1. PLACE OF DEATH Cuma R.R. Coal tipple Pier near South St. 9 CC
CITY OF BALTIMORE: (No. Canton St. 15-7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.
If U. S. Veteran specify WAR .....

2. FULL NAME Elbert D. Chenoweth
(a) Residence: No. 2229 Poplar Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Marguerite Chenoweth

6. DATE OF BIRTH (month, day, year) Feb 6 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	7	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Inspector
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad
10. Date deceased last worked at this occupation (month and year) Sept 21 1937
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME Wm Chenoweth
14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER
15. MAIDEN NAME Mary Love
16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Elbert Chenoweth
(Address) 2229 Poplar Grove Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Sept 23 1937

19. UNDERTAKER Margaret J. Flynn
(Address) 1822 Light St

Filed Sept 22 1937 Thos. E. Higgins, Registrar
VSG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Body Crushed and lacerated through Abdomen and Chest, death instant.	Sept 21 1937

Other contributory causes of importance:
Subject to Inquest

Was an operation performed? Yes ✓ Date of ✓
For what disease or injury? ✓
Name of operation Clinical Date of ✓
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Sept 21 1937
Where did injury occur? Cuma R.R. Coal Pier
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Industry
Manner of injury while at Work as Car Inspector, Run over by freight.
Nature of injury Crushed through Abdomen

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Injured While at Work as Car Inspector

(Signed) Chas. W. Wood M. D.
Coroner
(Address) 1712 N. Broadway

39306 F 39306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 Beaumont Avenue St. 27-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George L. Gilbert

If U.S. Veteran specify WAR .....

(a) Residence: No. 910 Beaumont Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma A. Gilbert

6. DATE OF BIRTH (month, day, year) April 15, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna. Railroad

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore county Maryland

MOTHER FATHER

11. NAME Thomas L. Gilbert

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Ann Wilson

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Emma A. Gilbert

(Address) 910 Beaumont Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Pine Grove, Balto. Co. Date Sept. 23 1937

19. UNDERTAKER C. Leroy Stuffley, Inc.

(Address) 125 E. North Ave.

Huntington Williams, M.D.

SEP 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1937 to Sept 20, 1937

I last saw h. in alive on Sept 20, 1937. Death is said to have occurred on the date stated above, at 9.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Dysentery Colitis	
Other contributory causes of importance: Valvular Heart disease	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jacob Frahm, M. D.

(Address) 1823 N. Wash. St.

39307 HEALTH DEPARTMENT—CITY OF BALTIMORE #26022 SF

CERTIFICATE OF DEATH

F 39307

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 7-2-59 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Barbara Benda

If U. S. Veteran specify WAR

(a) Residence: No. 2517 Ashland Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) May 18, 1854 or 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83 or 84	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (0?)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Chiler

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Barbara Barton

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept 24 1937

19. UNDERTAKER Frank Grach Son

(Address) 1906 Eastlander

20. FILED SEP 22 1937 Huntington Williams Registrar 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-21, 1937, to 9-21, 1937

I last saw h C Y alive on 9-20, 1937. Death is said to have occurred on the date stated above, at 1.05 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic gangrene left foot	Not Known
Diabetes mellitus	Not Known
Bronchopneumonia	9/20

Other contributory causes of importance:

Was an operation performed? Yes Date of 8-25-37

For what disease or injury? Gangrene left foot.

Name of operation Mid thigh amputation, left.

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L.K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

M. D. B. 1268-9

E 39308

39308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH Provident Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Pennsylvania St., 14-3 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Howard

(a) Residence: No. 1928 Division St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Milton E. Howard

6. DATE OF BIRTH (month, day, year) April 22, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Samuel Perry

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Gertrude Perry

16. BIRTHPLACE (city or town) (State or country) W. Moreland Co. Va

17. INFORMANT Milton E. Howard

(Address) 1928 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 9/23, 1937

19. UNDERTAKER Lloyd W. Biggs & Son

(Address) 638 N. Pulaski

20. FILED 9-22-1937 Thos. J. Fitzgerald, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-18, 1937 to 9-20, 1937

I last saw h[illegible] alive on 9-20, 1937 Death is said to have occurred on the date stated above, at 7.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Volvulus	

Other contributory causes of importance:

Name of operation Laparotomy Date of 9-20

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Provident Hospital

✓F 39309

39309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 669 Bradley St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Masen

(a) Residence: No. 669 Bradley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry Masen

6. DATE OF BIRTH (month, day, year) 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME Annie Stewart

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Annie Masen

(Address) 643 George St

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem, Date Sept 23 1937

19. UNDERTAKER Adolphus Halstead

(Address) 510 Lanvale St

Huntington Philadelphia Pa.

22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, and that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sept 20 1937
Other contributory causes of importance: Hypertension Chronic	Sept 1937

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George J. Allen, M. D. Coroner

(Address) 50 Pleasant St

V S 6

F 34890

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39310

CERTIFICATE OF DEATH

F 39310

X 7-3-123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Black

If U. S. Veteran specify WAR .....

(a) Residence: No. Forest Hill, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/19/37

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. DNC

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Harry Black

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Osa Rhodes

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) Records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Grove Date Sept 23 37

19. UNDERTAKER Degen & Forla Belair Md

(Address)

SEP 23 1937 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1937 to Sept 22, 1937

I last saw him alive on Sept 22, 1937 Death is said to have occurred on the date stated above, at 7:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Intestinal Obstruction - Meckel's Diverticulum	
Congenital Cysts of Kidney	

Other contributory causes of importance:

Was an operation performed? Yes Date of Sept 20 - 37

For what disease or injury?

Name of operation Meckel's Diverticulectomy

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) James A. Harrad M. D.

(Address) Johns Hopkins Hospital

O.K. Paul Whmby, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

39311

CERTIFICATE OF DEATH

93-D F 39311

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3401 E Lesley Ave St. 27-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma J Vogts

(a) Residence: No. 3401 E Lesley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Vogts

6. DATE OF BIRTH (month, day, year) May 11 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. City Md.

FATHER

13. NAME George Wantuling

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lisch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Vogts
(Address) 3401 E Lesley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Schwartz Crm Date Sept 23 1937

19. UNDERTAKER Fredk Lassahn & Son
(Address) 740 Cedar Ave.

20. [illegible] Huntington W. Va. [illegible] Registrar.

237937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21st 1937

22. I HEREBY CERTIFY, That I attended deceased from , 19..... to , 19.....

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis Hypertension	1930
Other contributory causes of importance: Myocardial Insufficiency	1937

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Signs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward Bowen, M. D.

(Address) 1W Oxford

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39312

39312

CERTIFICATE OF DEATH

22107--EF

Registered No. 1-4 82-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Marie Greaver

(a) Residence: No. 2106 Fleet Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Greaver

6. DATE OF BIRTH (month, day, year) 1-12-1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (037)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Henry Neuslein

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Eliz. Streip

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Sept 25 37

19. UNDERTAKER Fred W Ozaguski
(Address) 1930 Eastern Ave

Filed SEP 23 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1937, to September 21, 1937. I last saw h.er alive on September 21, 1937. Death is said to have occurred on the date stated above, at 4.40 P m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 9-6-37

Other contributory causes of importance:
Cerebral thrombosis — March 1937

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Lawdale M. D.

(Address) Baltimore City Hospitals

GKG

39313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-3 F 39313

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 E. Chase St. 410-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 50 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR none

2. FULL NAME Katherine Manning

(a) Residence: No. 723 E. Chase St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis Patrick Manning

6. DATE OF BIRTH (month, day, year) May 12, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
73	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Edward Horan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Josephine Luby

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Mary Manning
(Address) 723 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 9/23 1937

19. UNDERTAKER C. Vernon Lemmon
(Address) 7611 Park Heights.

FILED SEP 23 1937 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1937, to Sept. 20, 1937, I last saw her alive on Sept. 20, 1937. Death is said to have occurred on the date stated above, at 6 1/2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	11/36
Other contributory causes of importance: Bronchopneumonia.	Sept 14 1937.

Was an operation performed? Yes — Date of May 1937

For what disease or injury? Carcinoma Bladder.

Name of operation 1. Supra Pubic Cystotomy 2. Fulguration of Tumor. Date of

What test confirmed diagnosis? Yes. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Jerome E. Eardman, M. D.

(Address) 1411 Eutaw Place.

39314 HEALTH DEPARTMENT—CITY OF BALTIMORE 39314

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (Ward) 4 West

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jessie F Read

If U. S. Veteran specify WAR

(a) Residence: No. 2 Robinson Ave (Apt 279) St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Read

6. DATE OF BIRTH (month, day, year) Feb 19-1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sherwin Paint Steel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Frank Read

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Martha Hall

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Mary Read

(Address) Dundalk Md

18. BURIAL, CREMATION, OR REMOVAL Place Warrenville Va Date Sept 23 1937

19. UNDERTAKER Robert H Young

(Address) 501 W Fayette St

20. FILED SEP 23 1937 Registrar Baltimore, Md.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Vascular Disease	Sept 21 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo F. Allen, M. D.

Coroner

(Address) 50 Fayette Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

39315 F 39315

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Balto. Gen. Hosp. 25-4 59 Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 60 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Annie R Krausz If U. S. Veteran specify WAR

(a) Residence: No. 3707 Fourth St., Brooklyn St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of George L Krausz

6. DATE OF BIRTH (month, day, year) Feb 25 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George L Rathell

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elsa C Krebs

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Mrs George L Krausz Jr 3707 4th St Brooklyn Md

18. BURIAL, CREMATION, OR REMOVAL. Place Cedar Hill Date Sept 24 1937

19. UNDERTAKER John F Denny (Address) 715 Light St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/21/1937

22. I HEREBY CERTIFY, That I attended deceased from 8/22 1937 to 9/21 1937

I last saw h.Ctr. alive on 9/21 1937 Death is said to have occurred on the date stated above, at 1.15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	2
Thrombophlebitis - vein of Common iliac veins	9/16/37
Other contributory causes of importance: Diabetes Mellitus	2

Was an operation performed? Yes Date of 1/4/37

For what disease or injury? Diabetes-Arterio-Sclerosis Gangrene of

Name of operation Mid thigh amputation left leg

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis J. Krall M. D.

(Address) South Balto. Gen. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39316

CERTIFICATE OF DEATH

82-a F 39316

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 N. Ann St., 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Francis A Bright

If U. S. Veteran specify WAR

(a) Residence: No. 210 N. Ann St., Ward.
(Usual place of abode) (If non-resident give city or town And State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of David A. Bright

6. DATE OF BIRTH (month, day, year) 9-9-1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Isaac Smith

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Susan Hall

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Sarah E Clark (Address) 210 N. Ann St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem. Date 9-23-1937

19. UNDERTAKER Byron Thomas & Knight (Address) 1218 McElderry St

20. FILED ... 19... 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1936 to Sept 21, 1937

I last saw h[e] alive on Sept 20, 1937. Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	9/20/37
Arteria sclerosis	10 yrs
Other contributory causes of importance: Cerebral hemorrhage	11/15/36

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas J Heller M. D.

(Address) 222 W. Monument

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39317

CERTIFICATE OF DEATH

46-E F 39317

Registered No. ....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 S Curley St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ....mos. ....da. How long in U. S. If of foreign birth? ....yrs. ....mos. ....da.

If U. S. Veteran specify WAR ....

2. FULL NAME Jadwiga Wojka

(a) Residence: No. 1025 S Curley St., ...Ward. ....

(Usual place of abode) Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Wojka

6. DATE OF BIRTH (month, day, year) 1878

7. AGE: Years 59 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME ✓

14. BIRTHPLACE (city or town) (State or country) ✓

MOTHER

15. MAIDEN NAME ✓

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMANT Helen Wojtkowski

(Address) 1025 S Curley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date 9/25 37

19. UNDERTAKER John J. Dugan

(Address) 1000 Washington Blvd

P 23 1937 ....Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19 37 to Sept. 22, 1937

I last saw h[illegible] alive on Sept 22, 1937 Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	
Other contributory causes of importance:	

Was an operation performed? No Date of ....

For what disease or injury? ....

Name of operation .... Date of ....

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 19....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) T. Joseph Toomey M. D.

(Address) 441 S. Ellwood Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26487 JS F 39318

F 39318

Registered No. V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Frances Monmonier

If U. S. Veteran specify WAR No Record

(a) Residence: No. 602 N. Streeper St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-19-1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Aug 1937

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Geo. W. Monmonier

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Mary Mack

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date Sept 24 1937

19. UNDERTAKER Williams Cook
(Address) 217 S. Paul Street

20. FILED 19 Registrar

SEP 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 7, 1937, to September 21, 1937

I last saw him alive on September 21, 1937. Death is said to have occurred on the date stated above, at 8.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lantelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

39319

CERTIFICATE OF DEATH

131 F 39319

Registered No.

1. PLACE OF DEATH Maryland Gen'l Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 27-10 St., Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Laura J. Warner If U. S. Veteran specify WAR No Record

(a) Residence: No. 5019 Midwood Av St., Ward. (If non-resident give city or town and State)
(Usual place of abode) 55 yrs

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced (or) WIFE of Walter Warner

6. DATE OF BIRTH (month, day, year) June 6- 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (City or town) (State or country) Virginia

MOTHER FATHER

13. NAME Thomas Weston

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Sarah Hudgins

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Ethel M. Hutton

(Address) 5019 Midwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Sept 24 37

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

19 Registrar.

SEP 23 1937

Hampton Printing Co. Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-21-37

22. I HEREBY CERTIFY, That I attended deceased from 9-15-37, 19 to 9/21/37, 19

I last saw h[illegible] alive on 9/21/37, 19 Death is said to have occurred on the date stated above, at 10:50 P.M.

The principal cause of death and related causes of importance were as follows:

Cardio-Vascular-Renal Disease — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Feldman, M. D.

(Address) Maryland Gen'l Hosp

39320

HEALTH DEPARTMENT—CITY OF BALTIMORE

39320

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. University Hospital St. 16-3 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Henry Schmincke

(a) Residence: No. 807 N. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louisa M. Schmincke

6. DATE OF BIRTH (month, day, year) Oct. 23, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1403

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baker (Self)

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry J. Schmincke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Susanana Ort

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry Schmincke Jr.
(Address) 1018 Rosedale St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept 24 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state how

(Signed) H. C. Wilson Coroner M. D.

(Address) 2737 W. North Ave

T S 6

39321 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 39321

CERTIFICATE OF DEATH

2320 JS

Registered No. 26-12-9 E-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City hospt. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR. No Record

2. FULL NAME Clara Crafton

(a) Residence: No. B. C. M. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Robert F Crafton

6. DATE OF BIRTH (month, day, year) 2-5-1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Singer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation 1904

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Richard Faithful

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Emily ? Noff

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT B. C. M. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Balto County Date Sept 24 37

19. UNDERTAKER Wareham Cook
(Address) 1217 St. Paul St

20. FILED ..... 19..... Registry.

SEP 23 1937 Hunting Towers, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1937, to September 20, 1937.

I last saw her alive on September 20, 1937. Death is said to have occurred on the date stated above, at 5.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9-13-37
Other contributory causes of importance:	
Hypertensive cardiovascular disease	1934

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. Lee Lantalle M. D.

(Address) Baltimore City Hospitals

Spec.—9-30—A. & Co.—250 Bks.

F 39322 HEALTH DEPARTMENT—CITY OF BALTIMORE P 39322

CERTIFICATE OF DEATH.

92-a

1-PLACE OF DEATH

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 651 Haw ST. 22-2 WARD

2-FULL NAME Charles Gant

(a) RESIDENCE No. 651 Haw ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 6 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Not employed at time of death

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Amos Gant

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Carrie Driver

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Carrie Driver
(Address) 316 Aisquith St

15 Filed Sept 23 1937 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20 '37

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1937, to Sept 20, 1937
that I last saw him alive on Sept 20, 1937
and that death occurred, on the date stated above, at 10.30 P.M.
The CAUSE OF DEATH* was as follows:

Cardio Vascular disease
Mitral Regurgitation
(duration) yrs. 2 mos. ds.
CONTRIBUTORY (Secondary) Pulmonary Congestion
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy?
What test confirmed diagnosis? —

(Signed) D H Carroll M. D.
9/23 1937 (Address) 109 W Hill St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore National — DATE OF BURIAL 9/23 1937

20 UNDERTAKER Isaiah L Brown & Son — ADDRESS 108 W Montgomery St

HEALTH DEPARTMENT—CITY OF BALTIMORE

39323

CERTIFICATE OF DEATH

√23 F 39323

12257--EF Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Carrie Conway

(a) Residence: No. 3819 Hickory Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Richard Conway

6. DATE OF BIRTH (month, day, year) 7-13-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME DeWitt Coodridge

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Elizabeth Burdan

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Stanley Va Date Sept 22, 1937

19. UNDERTAKER Thenor & Whitacre
(Address) 3615-17 Chestnut Ave

SEP 23 1937 Huntington Printing Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 20 1937 to September 21, 1937

I last saw her alive on September 21, 1937. Death is said to have occurred on the date stated above, at 5:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	
Other contributory causes of importance:	
Pulmonary tuberculosis	1929

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. L. McLaughlin, M. D.

(Address) Baltimore City Hospitals

S 3

39324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39324

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 200 E. 32nd St (St.) 12-E (Ward)

Registered No. 186a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katharine Ryan

If U. S. Veteran specify WAR

(a) Residence: No. 200 E 32nd St (Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Ryan

6. DATE OF BIRTH (month, day, year): Sept 16 - 1846

7. AGE: Years 91 | Months — | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: John Doran

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Caulfield

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: John T. Ryan (Address) 200 E. 32 St

18. BURIAL, CREMATION, OR REMOVAL: Place Cathedral Cem Date Sept 24 37

19. UNDERTAKER: Chas H. Drake & Son (Address) 111 W. Monument Ave

20. FILED SEP 23 1937 19 Harrington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 21. 37

22. I HEREBY CERTIFY, That I attended deceased from May 21 1937 to Sept 21 1937

I last saw h[illegible] alive on Sept 20 1937. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Broken Femur - left below hip joint. — Date of onset 2-21-37

Other contributory [illegible] of importance: General depletion - following long recumbency

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 2-21 1937

Where did injury occur? 200 E 32nd St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell on floor

Nature of injury Fracture of femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry McCarty M. D.

(Address) 37 W Preston St

39325 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 39325

CERTIFICATE OF DEATH

93-C

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4620 Elsrode Ave Ward) 7-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clara Riley

(a) Residence: No. 1824 Ashland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb- 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Columbus Riley

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sarah Tracey

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Edna Rever
(Address) 4620 Elsrode Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Sept. 23 19 37

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Orleans St

20. FILED ..... 19 ..... Registrar.

SEP 23 1937

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from September, 1937, to September 20, 1937

I last saw her alive on September 18, 1937. Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Degeneration	10 yrs. about
Other contributory causes of importance: General Arteriosclerosis	about 5 yrs

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) Frank Lloyd M. D.

(Address) 2025 E. Lanvale St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

39326

CERTIFICATE OF DEATH

39326

Registered No. V 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2023 Laid St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Laura Moore Parker

(a) Residence: No. 2023 Laid St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	W

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 30 1936.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

13. NAME Laura J. Parker

FATHER

14. BIRTHPLACE (city or town) (State or country) Prince George Co. Md.

MOTHER

15. MAIDEN NAME Laura Moore

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Laura Parker

(Address) 2023 Laid St.

18. BURIAL, CREMATION, OR REMOVAL Sept 2337

Place Auburn Cem

19. UNDERTAKER Bro. P. Kennedy

(Address) 818 Druid Hill Ave City

20. FILED SEP 25 1937, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came ... death on the day stated above. 5-45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions	

Other contributory causes of importance:

Pneumonia + Bronchitis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hall, Coroner, M. D.

(Address) 215 Hanover

Coroner

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39327 — CERTIFICATE OF DEATH — F 39327

Registered No. 72-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St., 16-8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry J. Heidecker Jr. — If U. S. Veteran specify WAR ...

(a) Residence: No. 3926 Gelston Drive St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 12th 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Henry J. Heidecker

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Pearl M. Melzer

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Henry J. Heidecker Sr.
(Address) 3926 Gelston Drive

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Date 9-25th 1937

19. UNDERTAKER Bernard C Harle
(Address) 121 E West St.

20. FILED ... Registrar.

SEP 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-22 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1937 to Sept 22 1937
I last saw him alive on Sept 22 1937 Death is said to have occurred on the date stated above, at 3.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute lymphatic leukemia	4 weeks
Bronchopneumonia	2 days

Other contributory causes of importance:

Was an operation performed? Yes Date of ...

For what disease or injury? ...

Name of operation Blood transfusion

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. Blanco Jr. M. D.
(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39328

CERTIFICATE OF DEATH

23 F 39328

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 W Lee St., 22-2 Ward)

Length of residence in city or town where death occurred 5 yrs. — mos. — da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U.S. Veteran specify WAR .....

2. FULL NAME Henry Jackson

(a) Residence: No. 610 W Lee St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug-21-1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	1	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hardware Store

10. Date deceased last worked at this occupation (month and year) 6/37

11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (city or town) (State or country) Nottaway Co Virginia

FATHER

13. NAME Purcell Jackson

14. BIRTHPLACE (city or town) (State or country) Nottaway Co Virginia

MOTHER

15. MAIDEN NAME Gertrude Yates

16. BIRTHPLACE (city or town) (State or country) Nottaway Co Virginia

17. INFORMANT Gertrude Jackson

(Address) 610 W Lee St —

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Sept 25 37

19. UNDERTAKER James A Bayne

(Address) 1442 N Gilmor St

SEP 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug - 10, 1937 to Sept 21, 1937.

I last saw him alive on Sept 20 1937 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Acute Pulmonary Tuberculosis — Date of onset 6/37

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) David Drummer M. D.

(Address) 122 W Lee St

HEALTH DEPARTMENT—CITY OF BALTIMORE

39329

CERTIFICATE OF DEATH

173 F 39329

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Provident Hospital St. 16-2 Ward

Length of residence in city or town where death occurred ~~Life~~ yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Chandler Watkins

If U. S. Veteran specify WAR .....

(a) Residence: No. 1116 N Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 25-1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Aaron Watkins

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lillian Evans

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lillian Watkins
(Address) 1116 N Carey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 9-23 1937

19. UNDERTAKER George L. Nelson
(Address) 323 Presstman St

SEP 23 1937 Huntington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy & Inquiry and from the evidence obtained by said Inquest - autopsy that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of Heart	Sept 21 1937

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Homicide Date of Injury Sept 21, 1937

Where did injury occur? Lafayette Court Pennsylvania Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of Injury Was shot while in altercation

Nature of Injury 32 Caliber pistol shot

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) George L. Allen Coroner, M. D.

(Address) 50 Augusta St

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39330 — CERTIFICATE OF DEATH — F 39330

160-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 N Carey St., 15-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Infant of Eunice M^rs Taylor

(a) Residence: No. 1318 N Carey St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/21/37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 10 min.
10 hours			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) .....
(State or country)

FATHER

13. NAME Wm A Taylor

14. BIRTHPLACE (city or town) Chesterland Co
(State or country) Va

MOTHER

15. MAIDEN NAME Eunice M. Walker

16. BIRTHPLACE (city or town) Balto
(State or country)

17. INFORMANT Maud Walker
(Address) 1318 N Carey

18. BURIAL, CREMATION, OR REMOVAL.
Place Arbutus Date 9/23 1937

19. UNDERTAKER Thomas E. Kelly
(Address) 1203 Baltimore St

20. FILED ..... 19.. ..... Registrar.

SEP 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/22, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/21 1937 to 9/22 1937

I last saw h.. alive on 9/22 1937 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity Debility	
with Debility	
Died Lived about 10 hours	
Other contributory causes of importance: None	
Born Died Debility	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
.....If so, specify .....

(Signed) Bruce Butler M. D.

(Address) 2 Bay

F 39331

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39331

CERTIFICATE OF DEATH

53-N

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs.....mos.....ds. How long in U. S. If of foreign birth? ....yrs.....mos.....ds.

2. FULL NAME Mrs. Angna Bruce

(a) Residence: No. Chestertown, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.		married

5a. If married, widowed, or divorced (or) WIFE of James A. Bruce

6. DATE OF BIRTH (month, day, year) Jan. 15, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Kent Co. Maryland

FATHER

13. NAME Jefferson D. Smyth

14. BIRTHPLACE (city or town) (State or country) Kent Co. Maryland

MOTHER

15. MAIDEN NAME Elizabeth Bennett

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT (Address) James A. Bruce Chestertown, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Chester Cemetery Date 9/24/1937

19. UNDERTAKER (Address) Ralph H. Hynson Chestertown, Md.

20. FILED SEP 23 1937 Wm. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/22, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/11/37, 1937 to 9/22, 1937

I last saw h alive on 9/22, 1937 Death is said to have occurred on the date stated above, at 6:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension, right kidney	1934
Other contributory causes of importance:	
Diabetes mellitus	3 mos.
Hemorrhage	1 mo.

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. C. Briscoe, M. D.

(Address) Penna. Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39332

CERTIFICATE OF DEATH

(MB) 26544 F 39332

Registered No. 54

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth 55 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Feldstein

(a) Residence: No. 2017 E. Baltimore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida

6. DATE OF BIRTH (month, day, year) 2/25/1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Nathan Feldstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Anna Polloc

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Baltimore City Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 9/23/37

19. UNDERTAKER Louis Fine
(Address) 1439 E. Balto St.

9/23 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 22 1937

22. I HEREBY CERTIFY, That I attended deceased from September 9, 1937, to September 22, 1937. I last saw him alive on September 22 1937. Death is said to have occurred on the date stated above, at 11.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis	
Other contributory causes of importance: diabetes mellitus	1931

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. de Santelle, M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39333

CERTIFICATE OF DEATH

952 F 39333

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 27-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dr. Max Kahn

(a) Residence: No. 6209 Park Heights Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Devora Kahn

6. DATE OF BIRTH (month, day, year) 4/2/1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Claim Kahn

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hannah —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Max Kahn
(Address) 6209 Pk. Hgts. Ave.

18. BURIAL, CREMATION, OR REMOVAL
Beth Israel Cem. Date Sept. 24 1937

19. UNDERTAKER Harry Goldsmith Son
(Address) 4202 Eutaw Place

SEP 23 1937

Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/23 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/25 1937 to 9/23 1937

I last saw him alive on 9/23 1937 Death is said to have occurred on the date stated above, at 8.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Decompensated Arteriosclerotic C.V.	Unknown

Other contributory causes of importance:

Coronary Thrombosis	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? E.K. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C. J. Lubinski M. D.
(Address) Bon Secours Hospital

39334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 26708--CM

F 39334

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City hospts. St., 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Richardson

If U. S. Veteran specify WAR

(a) Residence: No. 736 George St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-15-1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Cumberland

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lillian Bell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hosp. Disposal Date 19

19. UNDERTAKER

(Address)

20. FILED 27 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Sept. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1937, to September 21, 1937

I last saw her alive on September 7, 1937 Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9/15/37
Other contributory causes of importance: Malnutrition; Rickets;	
Otitis Media	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Roseman, M. D.

(Address) Balto. City Hospitals

39335 F 39335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

174

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospitals St. 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Holloway

(a) Residence: No. 844 S. Eutaw St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, year) June 12, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Finner Holloway

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Bessie Crocker

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Josephine Johnson

(Address) 1513 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Sept 23, 1937

19. UNDERTAKER Charles H. Poke

(Address) 514 N. Calhoun St.

20. FILED Sept 19 1937 [illegible] Registrar.

Vs 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held [illegible] and from the evidence obtained by [illegible] said deceased came to his death on the day stated above.

Autopsy & Inquest
(Inquest, Autopsy or Inquiry)

Autopsy & Inquest
(Inquest, Autopsy or Inquiry)

His

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab Wound of Abdoman	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Homicide Sept. 19, 1937

Accident, suicide or homicide? Date of injury,

Where did injury occur? Greene & Burgundy St
(Specify whether at home, farm, factory, etc.) (City or town, County, and State)

Specify whether injury occurred in industry, in home, or in public place Tavern

Manner of injury Stab with Pocket Knife

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 2257 W. Lem

M. D. P. 1268-9

F 39336

39336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2931 Arunah Ave St. 16-6 Ward)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth 41 yrs. mos. ds.

2. FULL NAME Maria Zito

(a) Residence: No. 2931 Arunah Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of late Santo Zito

6. DATE OF BIRTH (month, day, year) Dec. 8 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cefalu' Italy

MOTHER FATHER

13. NAME Giuseppe Gugliuzza

14. BIRTHPLACE (city or town) (State or country) Cefalu' Italy

15. MAIDEN NAME Marianna Rinaura

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Joseph Zito (Son)
(Address) 2931 Arunah Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Sept. 24 1937

19. UNDERTAKER Frank Della Noce
(Address) 524 N. Motley St.

20. FILED Sept 23 1937 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 22 1937 to Sept 21, 1937
I last saw her alive on Sept. 19 37 Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach.	unknown
Metastasis to Liver.	6/22/37

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. A. Zimmerly, M. D.

(Address) Medical Arts Bldg.

39337 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 39337

CERTIFICATE OF DEATH

134-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital, 15-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. 2 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Viola K Phillips

If U. S. Veteran specify WAR .....

(a) Residence: No. 2324 Rosedale St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lloyd H. Phillips

6. DATE OF BIRTH (month, day, year) July 18 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John W Reed

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Bertha L Dorman

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lloyd H Phillips

(Address) 2324 Rosedale st

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 24 1937

19. UNDERTAKER Chas E Franck

(Address) 502 Madison Ave

20. FILED ..... 19.. Registrar.

SEP 23 1937 Director of Vital Statistics, H.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1937, to Sept 21, 1937

I last saw her alive on Sept 21, 1937 Death is said to have occurred on the date stated above, at 12:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Operative Adhesions & Obstruction	
	over

Other contributory causes of importance:

Fecal Fistula

Myocarditis

Was an operation performed? Yes Date of July 1, 1937

For what disease or injury? Post Operative Adhesions & Obstruction

Name of operation Removal of adhesions - St. Sigmoidostomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) C E Johnston, M. D.

(Address) Maryland General Hospital

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39338

CERTIFICATE OF DEATH

82-a F 39338

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2912 Ellicott Drive St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lida V MaBee

(a) Residence: No. 2912 Ellicott Drive St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a. ~~If married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of the late Alexander MaBee

6. DATE OF BIRTH (month, day, year) Oct-22-1868?

7. AGE 69? Years	Months	Days	If LESS than 1 day, hrs. or min.
Unknown			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Supervisor of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Waitemright's Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME John Mincher

14. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER

15. MAIDEN NAME Anna Brady

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT Mrs Russel Elliott

(Address) 2912 Ellicott Drive

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 9-24 1937

19. UNDERTAKER Marian A Dailey

(Address) 2914 Ellicott Drive

20. FILED 9-24-37 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 10, 1937 to September 22, 1937

I last saw her alive on September 22, 1937. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cerebral Hemorrhage	9-10-37

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify ...

(Signed) Jean Asliman, M. D.

(Address) 1201 Poplar Grove St.

39339 F 39339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 N. Fulton Ave. St. 16-L Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Minnie F. Abrams

If U. S. Veteran specify WAR .....

(a) Residence: No. 918 N. Fulton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Abrams

6. DATE OF BIRTH (month, day, year) March 9, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupatinn .....

12. BIRTHPLACE (city or town) (State or country) Lynbrook, N.Y.

FATHER

13. NAME George Forbell

14. BIRTHPLACE (city or town) (State or country) Brooklyn, N. Y.

MOTHER

15. MAIDEN NAME Fanney Abrams Forbell

16. BIRTHPLACE (city or town) (State or country) Lynbrook, N.Y.

17. INFORMANT Rev. Mano Forbell

(Address) Sunbury, Pa.

18. BURIAL, CREMATION, OR REMOVAL N.Y.

Place Hempsted, L. Island 9/25/37

19. UNDERTAKER Lohr & Mitchell & Sons Inc.

(Address) 1900 Eutaw Place

20. FILED ..... 19..... Registrar

9-23 1937 Huntington Wing

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 23, 19 37

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1937, to Sept. 23, 1937

I last saw her alive on Sept. 22, 1937. Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	
Intestinal obstruction	

Other contributory causes of importance:

Toxemia -

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) M. Mark, M. D.

(Address) 2314 W. North Ave

39340 ✓ F 39340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 Pierce St. St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred (C) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jessro Wells

(a) Residence: No. 922 Pierce St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 16, 1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C.

FATHER

13. NAME Jessie Smith

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Olivia Tyler

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Olivia Smith
(Address) 922 Pierce St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 9/24/37

19. UNDERTAKER Wm A Jackson
(Address) 96 Penna ave

20. FILED 19 Registrar.

SEP 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased, viewed the same (hereon and from the evidence) above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. R. Graham Coroner, M. D.

(Address) 2757 W. Lanvale St

39341 F 39341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospital St. 27-16 Ward)

Registered No. 16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas C. Ryan

(a) Residence: No. 710 Belgian Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) March 9, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student at College

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John W. Ryan

14. BIRTHPLACE (city or town) (State or country) Cashell Co Tipp

MOTHER

15. MAIDEN NAME Mary Lenon

16. BIRTHPLACE (city or town) (State or country) Cashell

17. INFORMANT A. M. Ryan
(Address) 710 Belgian Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Sept 24 1937

19. UNDERTAKER John F. Mealey
(Address) 3000 E. Balto St.

Filed SEP 22 1937 Registrar N.P.

V S 6

MEDICAL CERTIFICATE OF DEATH C

21. DATE OF DEATH (month, day, year) Sept. 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came ... death on the day stated above. 2 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bulbar Polio Myelitis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Thomas C. Ryan, Coroner M. D.
Coroner

(Address) 125 Hanover

F 39342

39342 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

46-B

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1014 E. Biddle St. St. 10-1 Ward)
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary A. Davey

(a) Residence: No. 1014 E. Biddle St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 19, 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Mullen

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bee Mullen

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary Schmidick
(Address) 2211 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross (Harford Rd.) Date 9/24/37

19. UNDERTAKER Leonard J. Ricke
(Address) 6305 Harford Rd.

20. FILED Huntington Williams, M.D.
SEP 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22/37

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1936 to Sept 22, 1937
I last saw her alive on Sept 21, 1937 Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach - Stomach	1 yr
Other contributory causes of importance:	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify.....

(Signed) W. Gray — M. D.

(Address) 622 N. North Ave.

39343 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 39343

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital St., [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lillie M. Barr

(a) Residence: No. 1946 Lennox ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert L. Barr

6. DATE OF BIRTH (month, day, year) Jan 22 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lillie L. Barr

(Address) 1946 Lennox ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Nat. Date 9/25 1937

19. UNDERTAKER Geo. A. Fowler & Son

(Address) 1800 W. Fayette St.

23 1937 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to ..... death on the day stated above. 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull fracture Secondary to Upper Lower Law [illegible]	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9 23 . 1937

Where did injury occur? 1946 Lennox ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell from 2nd floor window

Nature of injury Fracture

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Byron A Yaun M. D.

Coroner

(Address) 1716 Harlem

V 56

39344 E 39344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 21537

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Howard Williams.

(a) Residence: No. 1005 Bayard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) September 6, 1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME George E. Williams.

14. BIRTHPLACE (city or town) (State or country) Washington, D.C.

MOTHER

15. MAIDEN NAME Pansy A. Darr.

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT George E. Williams (father)
(Address) 1005 Bayard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 9/24/37

19. UNDERTAKER Robert Brooks & Son
(Address) Caroline & Eutaw Sts.

Huntington Williams, M.D. Registrar

RECEIVED SEP 24 1937

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneomococus Meningitis.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Test of spinal fluid Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt X M. D.
Coroner

9/21/37 Address 1017 S. Charles St.

39345 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 39345

CERTIFICATE OF DEATH

Registered No. 193-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 711 W. Lexington St. Hospital Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Weaver
If U. S. Veteran specify WAR ...

(a) Residence: No. Perrymille 2nd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Weaver

6. DATE OF BIRTH (month, day, year) July 9, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R.
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Oakland Md

FATHER

13. NAME Samuel Weaver
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Martha Kerr
16. BIRTHPLACE (city or town) (State or country) Ind

17. INFORMANT Hospital Records
(Address) Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL Perryville Cem Co Md Date Sept 23 1937

19. UNDERTAKER Lee Patterson
(Address) Perryville Md
Spring Grove, Lancaster & Pa.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above. 6.30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis.	

Other contributory causes of importance:

Was an operation performed? ... Date of ...
For what disease or injury?
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Edwin Conner, M. D. Coroner
(Address) 1216 W. Lexington St.

V S 6

SEP 24 1937

Huntington Station N.Y.

HEALTH DEPARTMENT—CITY OF BALTIMORE

39346 F 39346

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals ✓ 59 Registered No. 1572

CITY OF BALTIMORE: (No. Bay View St. 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Bates

If U. S. Veteran specify WAR

(a) Residence: No. 760 W Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Anna Bates

6. DATE OF BIRTH (month, day, year) Nov. 6-1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53 52	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) Not working

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Henry Bates

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lula Brown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Anna Bates

(Address) 760 W. Saratoga

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond Va Date 9/25/37 19

19. UNDERTAKER Isaiah L Brown & Son

(Address) Montgomery St

SEP 24 1937

Huntington W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes ✓ Coma	Some time
Cerebral Embolism ?	1 Day

Other contributory causes of importance:

Diabetes

Was an operation performed? No ✓ Date of

For what disease or injury?

Name of operation Clinical ✓ Date of

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No ✓ Date of injury , 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood, M. D.
Coroner

(Address) 1712 N. Broadway St.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

39347 CERTIFICATE OF DEATH #12048 ✓ 107-aF 39347

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frances McBride

(a) Residence: No. 1114 Argyle Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) 5/26/1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
76	76	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co., Md.

FATHER

13. NAME John H. Young

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Adeline Slaughter

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvery Date Sept 24 1937

19. UNDERTAKER Jesse H. Redden
(Address) 1436 W. Baltimore St

20. FILED SEP 24 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 19 1937

22. I HEREBY CERTIFY, That I attended deceased from August 27 1937 to September 19 1937

I last saw her alive on September 19 1937. Death is said to have occurred on the date stated above, at 11-50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9-12-37
Other contributory causes of importance:	
Arteriosclerosis & Hypostasis	8-27-37

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) A. A. Le Sauteller M. D.

(Address) Baltimore City Hospitals

F 39348 HEALTH DEPARTMENT—CITY OF BALTIMORE F 39348

CERTIFICATE OF DEATH

1/31

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1702 Mosher St., 16-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert Webb

(a) Residence: No. 1702 Mosher St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. Color or Race Wh Cal	5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Virginia Webb

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER
13. NAME James Webb
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Mildred French
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary Webb 1702 W. Lafayette
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 9/25/37
19. UNDERTAKER Wm. T. Jackson
(Address) 1702 Lafayette Ave.

20. FILED SEP 24 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 27 to Sept 23, 1937
I last saw h[illegible] alive on Sept 23, 1937 Death is said to have occurred on the date stated above, at 3:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Chronic Nephritis	

Other contributory causes of importance:
Uraemia

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis Physical Signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) H. G. Tompkins, M. D.
(Address) 201 St. Hamburg St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39349

39349

CERTIFICATE OF DEATH

V 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2702 Lyndhurst Avenue. St. 15-9 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Howard Clinton Beck, Sr.

(a) Residence: No. 2702 Lyndhurst Avenue. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Flora McElroy Beck

6. DATE OF BIRTH (month, day, year) August 4th 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C. P. A.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Sept 1937

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Irvington, Md.
(State or country)

FATHER

13. NAME Charles A. Beck

14. BIRTHPLACE (city or town) Penna.
(State or country)

MOTHER

15. MAIDEN NAME Amanda Cosgart

16. BIRTHPLACE (city or town) Penna.
(State or country)

17. INFORMANT Mr. Howard C. Beck
(Address) 3013 Barndale Avenue.

18. [redacted] CREMATION, [redacted]
Place London Park Date Sept 22 37

19. UNDERTAKER J. J. Tichnor & Sons
(Address) 2 E. Lanvale

20. FILED ..... 19 ..... Registrar.

Sept 24 1937 Huntington Ave. 2nd

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22nd, 19 37

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 19 37 to Sept 22, 19 37

I last saw h... alive on Sept 22, 19 37. Death is said to have occurred on the date stated above, at 10.40 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Coll

Date of onset 9-17-37

Other contributory causes of importance

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Howard C. Warner M. D.

(Address) 2607 Garrison Blvd.

M. D. B 1268-9

9350 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 9350

CERTIFICATE OF DEATH

15-6 164-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3023 W. North Ave St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Louise Reinhart

(a) Residence: No. 3023 W. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 15, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chopper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. I. Greif Clothing Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Union Bridge Md

FATHER

13. NAME James Albert Reinhart

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Isabelle Wilson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Gladys Boston

(Address) 924 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Middleburg, Md Date Sept 24, 1937

19. UNDERTAKER J. H. Richards & True

(Address) Md

20. FILED SEP 24 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day and [illegible] found [illegible] a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating gas	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 9/22, 1937

Where did injury occur? 3023 W. North ave,
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Gassed before kitchen range with gas fixtures on.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto Carr, Coroner M. D.

(Address) 246 Main ave

F 39351

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39351

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 Oxford St. 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosie Lee Jackson

If U. S. Veteran specify WAR

(a) Residence: No. 517 Oxford St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 15, 1926.

7. AGE: Years 11 yrs | Months 2 mo | Days 7 days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Booker T. Miller

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Olivia Jackson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Olivia Jackson

(Address) 517 Oxford St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 9/25, 19 37

19. UNDERTAKER Frances A. Kemsley

(Address) 5584 W. Biddle St

20. FILED SEP 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 11 1937 to Sept 22 1937

I last saw h alive on Sept 19 1937. Death is said to have occurred on the date stated above, at 6.15 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Pulmonary Tuberculosis — Date of onset July 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry F. Brown M. D.

(Address) 1835 Madison Ave

Levi Cropper

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39352 F 39352

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Parkins Ave 17-3 Ward)

Registered No. 382-A

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Levi Cropper

If U.S. Veteran specify WAR

(a) Residence: No. 608 Parkins Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C.	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/25/1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Work working

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME ? Cropper

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Airy ?

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Ethel Cropper
(Address) 608 Parkins Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem Date 9/24/37

19. UNDERTAKER Frances A. Abernethy
(Address) 578 W. Biddle St

FILED SEP 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/21/37 19

22. I HEREBY CERTIFY, That I attended deceased from 9/17/37 19 to 9/21/37 19

I last saw him alive on 9/17/37 19 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration	Date of onset
Cerebral Hemorrhage	4 days	9/37
Embolism		

Other contributory causes of importance:

Old age - Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Lee Abernethy M. D.

(Address) 578 W. Biddle St

F 39353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39353

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 W. Biddle St. St., 17-1 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charlett Malone

(a) Residence: No. 517 W. Biddle St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Single

5a. If married, widowed, or divorced
HUSBAND of "
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton Shore Md.

FATHER

13. NAME Unkown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Sarah ? Unkown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Weber
(Address) 517 W. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem Date 9/25/ 37

19. UNDERTAKER Frances A. Hemsley
(Address) 517 W. Biddle St

20. FILED SEP 24 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 12 - 1937, to Sept 23 - 1937

I last saw h[illegible] alive on Sept 23 1937. Death is said to have occurred on the date stated above, at 2.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca. Pancreas	10 yrs
Pancreatic insuff.	12 days
Other contributory causes of importance:	
Arterio sclerosis	10 yrs

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Chas. J. Keller M. D.

(Address) 522 W. Monument St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39354 — CERTIFICATE OF DEATH — 117-a — F 39354

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 N. Strieker St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jennie Julius

(a) Residence: No. 1119 N. Strieker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 21. 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown Md

MOTHER FATHER

13. NAME Emma Barnett

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT James Julius

(Address) 1119 N. Strieker St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 9-24-37

19. UNDERTAKER Harry W. Ehrhardt Inc

(Address) 1119 N. Strieker St

20. FILED 24 1937 Harrington Wm

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21. 1937.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13 1937. to Sept. 21 1937.

I last saw her alive on Sept. 20 1937. Death is said to have occurred on the date stated above, at 7:15 a. m.

The principal cause of death and related causes of importance were as follows:

gastric ulcer — Date of onset Sept 13 37.

Other contributory causes of importance: Peritonitis — Sept. 19. 37.

Was an operation performed? No — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. H. Pickett M. D.

(Address) 1536 W. Lanvale St

39355 HEALTH DEPARTMENT—CITY OF BALTIMORE 39355

CERTIFICATE OF DEATH 26249--CM 51-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 22 Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Isaiah Bade

(a) Residence: No. 679 W. Barre St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura

6. DATE OF BIRTH (month, day, year) 2-2-1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	~~62~~	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Randell

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Inde

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 9/23 37

19. UNDERTAKER Thomas E. Nelson & Sons
(Address) 1303 E. Eastman St

20. FILED SEP 24 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 21 1937

22. I HEREBY CERTIFY, That I attended deceased from August 31, 1937, to September 21, 1937. I last saw him alive on September 21, 1937. Death is said to have occurred on the date stated above, at 9:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	July 1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Santilla M. D.

(Address) Baltimore City Hospitals

39356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26357--E

F 39356

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-2 Ward 46 66

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Meredith

If U. S. Veteran specify WAR World

(a) Residence: No. 707 W. Lafayette Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Reckanna Meredith

6. DATE OF BIRTH (month, day, year) 1-18-1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39 59 48	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John Meredith

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Chew

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date 9/24 37

19. UNDERTAKER Thomas E. Kelson

(Address) 1383 Riesterstown Rd

20. FILED 19

SEP 24 1937

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-22 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-2 1937, to 9-22 1937.

I last saw h. alive on 9-22 1937 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Oesophagus	Unknown

Other contributory causes of importance:

Was an operation performed? Yes Date of 9-7-37

For what disease or injury? Carcinoma oesophagus

Name of operation Gastrostomy

What test confirmed diagnosis? Xray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lt. Woodward Jr. M. D.

(Address) Balt. City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39357

CERTIFICATE OF DEATH

95-3 F 39357

Registered No. 6799

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 Bloomingdale Rd. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mamie Smith,

(a) Residence: No. 1411 Bloomingdale Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles L. Smith,

6. DATE OF BIRTH (month, day, year) November 10. 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 27 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Sarah Conard,

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Miss Beulah F.L. Smith,
(Address) 1411 Bloomingdale Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date SEP 24 1937

19. UNDERTAKER Robert S. Little
(Address) 2700 Edmondson Ave.

20. FILED SEP 24 1937 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 22 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/15/37, 19..., to 9/22/37, 19...

I last saw her alive on 9/20/37, 19... Death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Arteriosclerotic Cardio-Vascular disease	
Other contributory causes of importance: Senility	

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Chas. P. Byrne M. D.

(Address) 3 B 4 5 W North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39358

CERTIFICATE OF DEATH

23 F 39358

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1347 S. Edniston St. 16-6 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Grace G. Hawson

(a) Residence: No. 1347 S. Edniston Ste St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced) HUSBAND of (or) WIFE of Frank Hawson

6. DATE OF BIRTH (month, day, year) Dec 2-1886

7. AGE	Years	Months	Days	If LESS than 1 day,.....hrs. or ...min.
	50	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frostburg Md.

FATHER

13. NAME Frank Conner

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Moneva Lehmann

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Hazel Esther Graham

(Address) 1017 S. Conkling Ste

18. BURIAL, CREMATION, OR REMOVAL

Place St Pauls Date 9/25 1937

19. UNDERTAKER: Thos G Connelly

(Address) Essex Md

Huntington Williams Md

Registrar.

20. FILED SEP 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept- 23 - , 1937

22. I HEREBY CERTIFY, That I attended deceased from July 13 - , 1937 to Sept 23 - , 1937

I last saw her alive on Sept - 21 , 1937. Death is said to have occurred on the date stated above, 10:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Nov. 1936?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) N. J Davidow M. D.

(Address) 3228 Eastern ave

F 39359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 F 39359

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3203 Woodhome Ave ..... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nellie G. Ruth ..... If U. S. Veteran specify WAR .....

(a) Residence: No. 3203 Woodhome Ave ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John A Ruth

6. DATE OF BIRTH (month, day, year) 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John A Ruth
(Address) 3203 Woodlawn Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 9-24 37

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins sts

20. FILED 19 ..... Registrar.
SEP 24 1937 Wilhelmina Hennessy
G H G

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-22, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-8-37, 19..... to 9-22, 19..... 37

I last saw her alive on 9-22, 19..... 37. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma cervix uteri	1937

Other contributory causes of importance: none

Was an operation performed? none Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) S. A. Alessi M. D.

(Address) 621 Harford Rd.

F 39360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 39360

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Wyman Park apts St., 3900 Beach ave Ward) 13 37

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Dalton Crawford

If U. S. Veteran specify WAR

(a) Residence: No. Wyman Park apts. St., 3900 Beach ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Cheney

6. DATE OF BIRTH (month, day, year) Dec 31 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Crawford

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Geo D. Crawford

(Address) Wyman Park apts

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 24 37

19. UNDERTAKER Henry W. Jenkins Sons Co

(Address) 2 W Lexington St Baltimore

20. FILED SEP 24 1937 Huntington Williams Registrar

D. Va

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1937, to Sept 22, 1937

I last saw him alive on Sept 22, 1937 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Chronic interstitial Nephritis	
(2) Bronchial asthma	
(3) hypertension	

Other contributory causes of importance:

Acute myocarditis	

Was an operation performed? No. Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis Examination Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas. S. Nerstadt, M. D.

(Address) 1730 Linden ave.

Dr Nerstadt 1730 Linden

THRLIK

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39361

CERTIFICATE OF DEATH

F 39361

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md Gen Hospital Ward) 5

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Baby girl Thrlik
If U. S. Veteran specify WAR

(a) Residence: No. 4603 Pennington Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 11 '37

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frank Thrlik

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Anna Thrlik

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mr. Frank Thrlik
(Address) 4603 Pennington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place City Cem. Date Sept 24 1937

19. UNDERTAKER Fred A. Krauss & Son
(Address) 1211 E. Chase St.

(FILED) SEP 24 1937 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month) Sept 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 11 1937 to Sept 23 1937

I last saw h.. alive on Sept 23 1937 Death is said to have occurred on the date stated above, at 10 ½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolism	9-23-37
Anemia of Newborn	9-11-37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. C. Mansfield M. D.
(Address) Md. General Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

SEP 24 1937

F 39362

CERTIFICATE OF DEATH

F 39362

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (Ward) 14-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME James H. Bowman

(a) Residence: No. 1835 Druid Hill Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Bowman

6. DATE OF BIRTH (month, day, year) Sept 21, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept 22 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John Bowman

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Catnerin Bowman

(Address) 1835 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Mem Pk Sept 26 37

19. UNDERTAKER Mrs Geo H Holland

(Address) 1631 Druid Hill Ave

20. FILED Huntington Williams M.D.

SEP 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) H. H. Williams M. D. Coroner

(Address) 2737 N. Howard St

V 56

ARMETO

F 39363 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 39363

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 McMechen St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Armeto D Booze

If U. S. Veteran specify WAR .....

(a) Residence: No. 520 McMechen St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 11-1919

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown Md

FATHER

13. NAME Wm C Booze

14. BIRTHPLACE (city or town) (State or country) Rhinefield W Va

MOTHER

15. MAIDEN NAME Daisy Martin

16. BIRTHPLACE (city or town) (State or country) Burnsville Va

17. INFORMANT Mrs Wm C Booze

(Address) 520 McMechen St

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Ck Date Sept 24 '37 19

19. UNDERTAKER Jno Gen H Holland

(Address) 1121 Bond Bell Ave

20. FILED Sept 24 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said [illegible] (Inquest, Autopsy or Inquiry) first that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	Sept 19 1937

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, specify

(Signed) Geo Schellin M. D.

(Address) 507 Cumberland St

(Coroner)

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

V S S

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39364

CERTIFICATE OF DEATH

F 39364

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 14-2 Ward) 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Effie Queen

(a) Residence: No. 1500 McCulloh St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anderson

6. DATE OF BIRTH (month, day, year) 9/6/86

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NO

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Geo. Fountain

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jennie Forster

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place St. Auburn Date Sept 25 '37

19. UNDERTAKER Mrs. Lee H. Holland
(Address) 1631 Druid Hill Ave

Filed SEP 24 1937 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 26, 1937 to Sept 22, 1937

I last saw her alive on Sept 22, 1937. Death is said to have occurred on the date stated above, at 5.55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	1936
Other contributory causes of importance: Diabetes ulceration	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) Harry E. Mansfield M. D.

(Address) Johns Hopkins Hosp.

F 39365

39365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. 21-2 Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Ebbs No Record
(a) Residence: No. 1332 James St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of — (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 16th 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Ernest N. Ebbs
14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER
15. MAIDEN NAME Evelyn Burkhead
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Evelyn Ebbs
(Address) 1322 James St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept 25th 1937

19. UNDERTAKER Wm Cook
(Address) 127 St Paul St

20. FILED 9-24-1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/23 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1937, to Sept 23 1937
I last saw h[illegible] alive on Sept 23 1937. Death is said to have occurred on the date stated above, at 12[illegible] m.

The principal cause of death and related causes of importance were as follows:
Interval hydrocephalus — Date of onset Birth
pneumonia
Other contributory causes of importance:
Sepsis — Sept 19
Bronchopneumonia — Sept 19

Was an operation performed? No Date of 3-31-37
For what disease or injury? Spina bifida operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Morris Nicholson M. D.
(Address) University Hosp

F 39366

39366 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1. PLACE OF DEATH Univ Memorial Hospital 26-1 122-B

CITY OF BALTIMORE: (No. ..... St., 26 Ward) 1

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Edward Kress Sr (Emma) If U. S. Veteran specify WAR No Record

(a) Residence: No. 4218 Bayonne Ave, City St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Edward Kress

6. DATE OF BIRTH (month, day, year) Nov. 20 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or . min.
64	64	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Mr George K Hollander

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mrs Fredericka Hollander

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edward Kress
(Address) 4218 Bayonne Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Sept 25th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED Huntington Williams, Registrar
SEP 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 21 '37, 19..., to Sept 23 '37, 19...

I last saw her alive on 12:10 AM, 1937 Death is said to have occurred on the date stated above, at 12:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Volvulus small intestine	
Pulmonary Embolus	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Sept 21 '37

For what disease or injury? Volvulus & gangrene

Name of operation Resection small bowel

What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) B. Hollis Ward, M. D.

(Address) J. Hop. Hospital

F 39367

39367 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 337 Rosebank Ave St., 27 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Esther Lena Matthews If U.S. Veteran specify WAR No Record

(a) Residence: No. 337 Rosebank Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Wht	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 13, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self Cater

10. Date deceased last worked at this occupation (month and year) Dec 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Eli Allen Matthews

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Arnold

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edmond Matthews (Address) 337 Rosebank Ave

18. BURIAL, CREMATION, REMOVAL Place Druid Ridge Cemetery Date Sept 25 1937

19. UNDERTAKER Wm. H. Cole & Son (Address) 1811 Eutaw Pl.

20. FILED SEP 24 1937 Registrar Huntington Wilson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 35 to Sept 22, 1937

I last saw her alive on Sept 22 1937. Death is said to have occurred on the date stated above, at 8.00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the liver & Colon (?)	1935

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo H. Yoe King M. D.

(Address) 5530 York Rd

F 39368

39368 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Stanley M. Rosenstein

(a) Residence: No. 2021 Bryant Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 29, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
4	4 1/2	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Aaron

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Anne Rosenberg

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Date 9-24-37

19. UNDERTAKER Jacob Segal Inc
(Address) 1437 E. Baltimore St

20. FILED Sept 24 1937 Huntington Williams (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1937, to Sept. 23, 1937

I last saw him alive on Sept 23, 1937. Death is said to have occurred on the date stated above, at 5:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Aleukemic leukemia	9-13-37
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

..... If so, specify .....

(Signed) Bernard Lidman M. D.

(Address) Sinai Hospital

F 39369

39369 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2036 Linden ave St., 13-2 Ward)

Registered No. 9413

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Gustav Heller

(a) Residence: No. 2036 Linden ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Heller

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 20 yr

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Herman Feldberg 2200 Fayerweather Ave

18. BURIAL, CREMATION, OR REMOVAL. Hebrew Rosedale Date Sept 24 1937

19. UNDERTAKER (Address) Jack Levis Inc. 1439 E Balto St

FILED 19 Huntington Williams Registrar

SEP 24 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 10.30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) C. Irvin Groves, M. D. Coroner

(Address) 1213 Harrison

39370 F 39370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., 18-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Elizabeth Raabe

If U. S. Veteran specify WAR .....

(a) Residence: No. 1034 W. Lombard St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/20/68

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
69	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Virginia (State or country)

FATHER

13. NAME Herman Raabe

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Elizabeth B. Schmidt

16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT William Raabe (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk. Date Sept 25 1937

19. UNDERTAKER Frederick H. Cole (Address) 1700 W. Lombard St.

20. FILED ..... 19 ..... Registrar.

9/24 1937 Huntington Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/22, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/8, 1937, to 9/22, 1937

I last saw h.e.r. alive on 9/22, 1937 Death is said to have occurred on the date stated above, at 11:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infiltrating papillary Carcinoma of the bladder - metastasis to pelvis	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 8/27/37

For what disease or injury? Papillary Carcinoma Bladder

Name of operation Excision of mass - application of radium

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chester J. Jablonski M. D.

(Address) Bon Secours Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39371

CERTIFICATE OF DEATH

F 39371

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 N. Caroline St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophie Anne Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 912 N. Caroline St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Smith

6. DATE OF BIRTH (month, day, year): October 16, 1886

7. AGE: Years 51 | Months 11 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Charles City County Va.

FATHER

13. NAME: Robert Robinson

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Nancy Bartlett

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: John Smith St.

(Address) 912 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Arbutus Memorial Park Sept 27 1937

19. UNDERTAKER: Robert J. Young

(Address) 501 N. Caroline St

20. FILED: Huntington Wilson Registrar

SEP 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/25 1937 to 9/23 1937

I last saw ~~her~~ alive on 9/22 1937 Death is said to have occurred on the date stated above, at 12:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	about 4 mos. previously

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. Young M. D.

(Address) 1500 E. Madison St

39372

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39372

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 W. Dallas St. Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Holmes.

If U. S. Veteran specify WAR

(a) Residence: No. 908 W. Dallas St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widowed

3a. If married, widowed or divorced.
~~HUSBAND of~~
(or) WIFE of William Holmes

6. DATE OF BIRTH (month, day, year) August 22, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	1	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Young.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Julia Richardson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Herbert Waters
(Address) 908 W. Dallas St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Sept. 25 37

19. UNDERTAKER Robert H. Young
(Address) 50 & W. Caroline St.

Huntington Williams
Registrar.

24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/1, 1937, to 9/22, 1937

I last saw her alive on 9/21, 1937 Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	about 1 mo ago
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. J. Brown M. D.

(Address) 1500 E. Madison St

Sidire

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39373 | CERTIFICATE OF DEATH | 92-a F 39373

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2218 Hennaman Ave St., 5-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louis F. Sidrie

(a) Residence: No. 2218 Hennaman Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Gertrude Sidrie

6. DATE OF BIRTH (month, day, year) Dec. 4, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Boston Mass

FATHER

13. NAME Domenic Sidrie

14. BIRTHPLACE (city or town) (State or country) Boston Mass

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Gertrude Sidrie

(Address) 2218 Hennaman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cemetery Date Sept. 25, 1937

19. UNDERTAKER George W. Zibelen

(Address) 1737 E. Eager St.

SEP 24 1937 Huntington Williamsport Pa

V 56

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	

Other contributory causes of importance:

Cardiac failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1917 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

F 39374

39374 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St., 15-7 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR

2. FULL NAME Bartholomew A. Feeney

(a) Residence: No. 3010 Windsor Ave St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Mary Feeney

6. DATE OF BIRTH (month, day, year) 8/8/68

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Maryland.

FATHER

13. NAME Peter Feeney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Roberts

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mary M. Feeney
(Address) 3010 Windsor Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cumberland, Md. Date Sept 27, 37

19. UNDERTAKER Martin Kloss Sons
(Address) 1221 W. North Ave.

20. FILED SEP 24 1937 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/22 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/24 1937 to 9/28 1937

I last saw him alive on 9/23/37 Death is said to have occurred on the date stated above, at 5 P m

The principal cause of death and related causes of importance were as follows:

Inoperable Carcinoma of Stomach — Date of onset

Other contributory causes of importance: Secondary Hemorrhages

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) C. J. Lubinski M. D.

(Address) Bon Secours Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39375

CERTIFICATE OF DEATH

F 39375

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St., 16-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Albert D. Simms (Jessie) (Nettie L.)

(a) Residence: No. 2743 Mosher St., City St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of wife of Albert D. Simms

6. DATE OF BIRTH (month, day, year) Dec. 8, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Thomas John Keating

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Miss Clara V. Burkins

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Albert D. Simms (Address) 2743 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 9/27/37

19. UNDERTAKER Chas. H. Grade & Son (Address) 118 W. Hoffman St.

20. FILED SEP 24 1937 by Eugene Williams Asst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1937, to Sept. 24, 1937

I last saw h.er alive on Sept. 17, 1937 Death is said to have occurred on the date stated above, at 3:35 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Pancreas

Ascites.

Jaundice

Date of onset ?

Other contributory causes of importance:

Was an operation performed? No. Date of -

For what disease or injury?

Name of operation No

What test confirmed diagnosis? Sal Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) S. D. Sunday M. D.

(Address) Union Memorial Hospital

39376

HEALTH DEPARTMENT—CITY OF BALTIMORE

V F 39376

CERTIFICATE OF DEATH

10-150

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 521 E. Chase St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sister Josiana Meakins

If U. S. Veteran specify WAR .....

(a) Residence: No. 521 E. Chase St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Color	single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Catholic sister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0065

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Hartmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hartmann

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Sister M. Teresa

(Address) 521 E Chase St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Sept 25 37

19. UNDERTAKER Mrs. H. Elbert. Danville

(Address) 1129 N. Arlington Ave

20. FILED Huntington Nitzberg Registrar

SEP 24 1937

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23rd, 1937

22. I HEREBY CERTIFY, That I attended deceased from July, 1936, to Sept 23rd, 1937

I last saw her alive on Sept 23rd, 1937. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of Importance were as follows:

	Date of onset
Carcinoma of Breast	1 year ago

Other contributory causes of importance:

General Debility

Was an operation performed? Yes Date of Sept 1936

For what disease or injury? Carcinoma of Breast

Name of operation Removal of Breast

What test confirmed diagnosis? Sym & Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos. Chastard, M. D.

(Address) 1304 E. Eutaw St

F 39377

F 39377 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

19-382-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 Mc Henry St., Ward)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME George J. Cooley

(a) Residence: No. 1504 Mc Henry St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Viola F. Cooley (nee Ettinger)

6. DATE OF BIRTH (month, day, year) Oct 12, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	46	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. asst Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Y. M. C. A. Bldg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME George Cooley

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME McIntyre

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Viola F. Cooley
(Address) 1504 Mc Henry St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodstock Va Date Sept 25 37

19. UNDERTAKER Harry H. Wetzel
(Address) 4401 Edmondson Ave

20. FILED 24 1937 Huntington Wm. Hyattsville, Md. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937 to Sept 23, 1937

I last saw h... alive on Sept 23, 1937. Death is said to have occurred on the date stated above, at 11:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
generalized arteriosclerosis	unknown
cerebral hemorrhage	9-21-37
Other contributory causes of importance:	
arteriosclerotic gangrene of toes of right foot.	1936

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) Nathan Rocusin, M. D.

(Address) 206 S. Gilmor St.

39378 (Hall) HEALTH DEPARTMENT—CITY OF BALTIMORE F 39378

CERTIFICATE OF DEATH 17-1147a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 Druid Hill Ave. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Cecelia Hall

(a) Residence: No. 506 Druid Hill Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	negro	married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Theodore Hall

6. DATE OF BIRTH (month, day, year) Sept 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	Sept.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co.

FATHER

13. NAME Theodore Hall

14. BIRTHPLACE (city or town) (State or country) Calvert Co.

MOTHER

15. MAIDEN NAME Rachel Bannister

16. BIRTHPLACE (city or town) (State or country) Calvert County

17. INFORMANT Marquis Mitchell (Address) 425 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Bonnie Chapel Date Sept 25 37

19. UNDERTAKER Adolphus Hall (Address) 918 Druid Hill Ave

20. FILED 19 Registrar

24 1937 Huntington Williams, M.D.

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1937 to Sept 22, 1937

I last saw her alive on Sept 21, 1937 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Sept 16 1937
Other contributory causes of importance: Arteriosclerosis	Sept 16 1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 918 Druid Hill Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

39379

CERTIFICATE OF DEATH

F 39379

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-5 137 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 19 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George C. Smith

If U. S. Veteran specify WAR

(a) Residence: No. Salisbury Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. S. Smith. 13 South St Reading Pa

6. DATE OF BIRTH (month, day, year) About 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hosiery Mill

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Charles A. Smith

14. BIRTHPLACE (city or town) (State or country) Reading Pa

MOTHER

15. MAIDEN NAME Catherine Heitzeiner

16. BIRTHPLACE (city or town) (State or country) Reading, Pa

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Reading, Pa Date Sept 28 1937

19. UNDERTAKER H. C. Fuchsen & Son

(Address) Reading Pa

FILED SEP 28 1937 Registrar

Huntington

Jepley

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 24. 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5 1937 to Sept. 24 1937

I last saw h.. alive on Sept. 24 1937 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
C.O. Pneumonia	
Peripheral Vascular Collapse	

Other contributory causes of importance:

Was an operation performed? Yes Date of 9/21/37

For what disease or injury? Prostatic hypertrophy

Name of operation Prostatectomy (Suprapubic)

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. M. Hopkins M. D.

(Address) Sinai Hospital

US 3

F 39380

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39380

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2075 Woodberry Ave) Ward 13-8

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. - mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Virginia Bell

If U. S. Veteran specify WAR

(a) Residence: No. 2075 Woodberry Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Luther Bell

6. DATE OF BIRTH (month, day, year) Dec. 16, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME James A Bell

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Ella Bell

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Roger Bell (Address) Ellicott City Md

18. BURIAL, CREMATION, OR REMOVAL Place Good Shepherd Date Sept 26 37

19. UNDERTAKER J. C. Higinbotham (Address) Ellicott City Md

20. FILED Sept 27 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9 - 23 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 12 1937 to Sept 23 1937

I last saw h[illegible] alive on Sept 12 1937 Death is said to have occurred on the date stated above, at 5:35 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 2

Duration of each

Other contributory causes of importance:

Arterial Sclerosis 10 years

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address)

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

39381

CERTIFICATE OF DEATH

108 F 39381

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 N Fulton Ave St., 15-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice V. Davis

(a) Residence: No. 1728 N Fulton Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard H. Davis

6. DATE OF BIRTH (month, day, year) June 6 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Sept 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md

FATHER

13. NAME Daniel W. Brook.

14. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER

15. MAIDEN Mary Bartholomew

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Richard H. Davis Jr

(Address) 1728 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL. Date Sept 25 19 37

Place London Park

19. UNDERTAKER Edward Hoffberger

(Address) 1221 E Baltimore

SEP 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24th 19 37

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1937 to Sept. 24 1937

I last saw h alive on Sept 21 1937 Death is said to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4 days.
Acute Dilatation of Heart	1 day

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Madeline Shale M. D.

(Address) 806 N Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39382 F 39382

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME J Raymond Miller

(a) Residence: No. 3 Run Grove, Md St., Pa, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Miller

6. DATE OF BIRTH (month, day, year) Aug 29 1863

7. AGE: Years 94 | Months 0 | Days 26 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Mitchel Miller

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Daughter (Mrs.)
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem Date Sept 27 1937

19. UNDERTAKER Henry Weber

(Address) Penn Ave

Huntington Williams, M.D.
Registrar.

SEP 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1937, to Sept 25, 1937

I last saw him alive on Sept 24, 1937. Death is said to have occurred on the date stated above, at 6:17 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Prostatic hypertrophy	Aug 1937
Peri nephritic abscess	Aug 1937
	Poor

Other contributory causes of importance:

Hemorrhage

Uremia

Was an operation performed? Yes - 2 Date of 9-3-37 - 9-21-37

For what disease or injury? 1 Perinephritic abscess right
2 Prostatic hypertrophy

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard A Kelly M. D.

(Address) Hospital

M. D. B. 1268-9

F 39383 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133 F 39383

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2252 Annapolis Rd St. 25-3 W

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ross Reed Lockwood

(a) Residence: No. same St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 22 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME John A. Lockwood

14. BIRTHPLACE (city or town) (State or country) Dover Del.

MOTHER

15. MAIDEN NAME Julia M. Lane

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Mrs. Mary A. Sturdy
(Address) Annapolis Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Washington D.C. Date Sept 28 1937

19. UNDERTAKER John W. Taylor
(Address) Annapolis Md.

20. FILED SEP 25 1937 Huntington Hills Registrar, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 14, 1937, to Sept. 25, 1937

I last saw her alive on Sept 24, 1937. Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Lobular pneumonia	9/1/37
Anemia secondary	?
Myocardial failure	9/20/37

Other contributory causes of importance:

Cystitis chronic	?
Nephritis chronic	?

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Conrad Acton M. D.

(Address) Medical Arts Building

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39384

CERTIFICATE OF DEATH 25528--CM

17-2 34 F 39384

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. Ward)

Life

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Oscar Hollie or Holly

If U. S. Veteran specify WAR

(a) Residence: No. 548 W. Hoffman St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-28-04

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer-odd jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Geo. Hollie

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Cath. Watkins

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Peters Date 9-26-37

19. UNDERTAKER Jas. Wm. Skinner

(Address) 1109 Hoffman St

20. FILED SEP 25 1937 Registrar.

Wilmington, N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 19, 1937, to September 24, 1937

I last saw h.. alive on September 24, 1937. Death is said to have occurred on the date stated above, at 6.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	9-17-37

Other contributory causes of importance:

Stricture of urethra	Unknown
Peri-urethral abscess	9-2-37

Was an operation performed? Yes Date of 8-2-37

For what disease or injury? Peri-urethral abscess perineum

Name of operation supra-pubic cystostomy

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. Kostalik M. D.

(Address) Baltimore City Hospitals

39385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

20-5131

F 39385

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2512 Dulaney St., Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Moran

If U.S. Veteran specify WAR No Record

(a) Residence: No. 2512 Dulaney St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~ widowed, ~~divorced~~
HUSBAND of ~~late wife of~~ Abbie Moran

6. DATE OF BIRTH (month, day, year) Dec 19th 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired - Teamster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balto.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Marie A. Collins
(Address) 1805 Penrose Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Sept 27th 1937

19. UNDERTAKER William Cook
(Address) 1217 St. Paul St

20. FILED Sept 25 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1937, to Sept 24, 1937.

I last saw him alive on Sept 24, 1937. Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int Nephritis	3 Mo
Other contributory causes of importance:	
None	

Was an operation performed? None Date of —

For what disease or injury?

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Norton, M. D.

(Address) 25 W. Mulberry St. Balto, Md.

39386

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39386

CERTIFICATE OF DEATH

16-7121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Meade O. Hesson

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1804 Edmondson Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mrs. Mary

6. DATE OF BIRTH (month, day, year) Nov. 23, 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	10	01	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

FATHER

13. NAME James L. Hesson

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

MOTHER

15. MAIDEN NAME Adelaid Hill

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

17. INFORMANT (Address) Mary G Hesson 1804 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL Place Meadow Ridge Cemetery Date Sept 27 1937

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

LICENSE 25 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1937 to Sept 24 1937

I last saw him alive on Sept 24, 1937. Death is said to have occurred on the date stated above, at 12 35 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendix	9-15-37
appendiceal abscess	9-16-37

Other contributory causes of importance:

Toxemia	9-21-37
Myocardial failure	9-23-37

Was an operation performed? yes Date of 9-21-37

For what disease or injury? appendiceal abscess

Name of operation Drainage of appendiceal abscess

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas P. Klenkowski, M. D.

(Address) Md. Gen. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39387

CERTIFICATE OF DEATH

28-182-a

F 39387 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4318 Groveland Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia B. McNelly

If U. S. Veteran specify WAR

(a) Residence: No. 4318 Groveland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feby 25.1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. school teacher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) W?.Va.
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Rebecca Standiford

16. BIRTHPLACE (city or town) Balto. Md.
(State or country)

17. INFORMANT Miss Carrie Burnett
(Address) 2633 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Sept 27.1937

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

SEP 25 1937

Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24.1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1937, to Sept. 24, 1937

I last saw her alive on Sept. 24, 1937 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	

Other contributory causes of importance:

Essential Hypertension

Was an operation performed? No Date of

For what disease or injury? None

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) 4800 Liberty Heights Ave. M. D.

(Address) 70 W. 13. Smith M.D.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39388

CERTIFICATE OF DEATH

50 F 39388

11-2

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 130 W. Lanvale St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jessie Mary Little

(a) Residence: No. 130 W. Lanvale St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 6, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	--	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1868

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wheeling, W.Va.

FATHER

13. NAME Benj. F. Little

14. BIRTHPLACE (city or town) (State or country) Wheeling, W.Va.

MOTHER

15. MAIDEN NAME Emma S. Bushfield

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Henry L. Fleming

(Address) 143 W. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemy. 9/25/37 HF

19. UNDERTAKER John C. Mitchell Funeral Inc.

(Address) 1900 Eutaw Place

FILED SEP 25 1937 Herrington Williams Registrar.

6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 23, 19 37

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 19 30 to Sept 23, 19 37

I last saw her alive on Sept 23, 19 37. Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinomatosis	
Other contributory causes of importance: arter. sclerosis & heart.	1926?

Was an operation performed? — Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wetherbee Ford, M. D.

(Address) 20 E. Preston St.

OCCUPATION IS VERY important. See instructions on back of certificate.

VS 8

F 39389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28-246-13

F 39389

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5803 Royal Oak Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William B. Buddo

(a) Residence: No. 5803 Royal Oak Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Somerville Buddo

6. DATE OF BIRTH (month, day, year) Dec. 30, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Elizabeth Bower

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Mary S. Buddo

(Address) 5803 Royal Oak Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mitchells Va. Date Sept. 27 37

19. UNDERTAKER John D. Mitchell & Sons

(Address) 1900 Eutaw Place, City

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 17, 1937, to Sept 24, 1937

I last saw him alive on Sept 9, 1937. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

Adeno-carcinoma Pylorus and of Stomach — Date of onset ? Past Present 1935

Other contributory causes of importance:

Was an operation performed? Yes Date of 1935.

For what disease or injury? Pyloric malignancy

Name of operation Gastro-enterostomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. W. Harper M. D.

(Address) 5201 Gwynn Oak Ave.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

SEP 27 1937

8

HEALTH DEPARTMENT—CITY OF BALTIMORE

39390 — CERTIFICATE OF DEATH — 131 — F 39390

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 W Franklin Ward) 18-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ellen M Annis

(a) Residence: No. 1206 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John M Annis

6. DATE OF BIRTH (month, day, year) Aug 13th 1863

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

FATHER

13. NAME Henry Young

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ellen Mitchell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Ollie Moseley

(Address) 1206 W Franklin

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem. Date 9-26- 1937

19. UNDERTAKER Bryson Thomas W. Wright

(Address)

20. FILED 9-26 1937 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/22 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/20 1937 to 9/22 1937.

I last saw her alive on 9/22 1937 Death is said to have occurred on the date stated above, at a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	9/20/37
Chr. Interstitial Nephritis	1935
Other contributory causes of importance:	
chr. myocarditis	1935

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. L. Downs M. D.

(Address) 1500 E. Madison St

OCCUPATION is very important. See instructions on back of certificate.

va 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39391 — CERTIFICATE OF DEATH — 12-423 — F 39391

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2002 Hunter St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mildred Green

If U.S. Veteran specify WAR .....

(a) Residence: No. 2002 Hunter St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 13-1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16 yrs	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Luther Green

14. BIRTHPLACE (city or town) (State or country) Canon Va

MOTHER

15. MAIDEN NAME Cordelia Devine

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Cordelia Green (Mother)
(Address) 2315 Hunter St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 9/25/37

19. UNDERTAKER Rayner Sanders
(Address) 1413 E. Preston St.

Huntington Williams

SEP 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23. 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15. 1937 to Sept 23. 1937
I last saw her alive on Sept 22. 1937 Death is said to have occurred on the date stated above, at 1:15 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	May
Other contributory causes of importance: Intestinal Tuberculosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Sputum Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jas D Julian Jr. M. D.

(Address) 4134 E 33rd St.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39392

CERTIFICATE OF DEATH

37-7V 80-F 39392

1. PLACE OF DEATH Home For Incurables Balto Md

CITY OF BALTIMORE: (No. 700 W 40th St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence In city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Kate Deaketaugh If U. S. Veteran specify WAR .....

(a) Residence: No. Home For Incurables St., 700 W 40th St Ward. Balto Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 11 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher & Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Freedom Md

FATHER

13. NAME John Deaketaugh

14. BIRTHPLACE (city or town) (State or country) Martury Germany

MOTHER

15. MAIDEN NAME Mary L. Fox

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Home For Incurables (Address) 700 W. 40th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date Sept. 25 1937

Winfield, Md. Mt Pleasant Funeral Home

19. UNDERTAKER (Address) Howard Downs

25 1937 Huntington Indiana

MEDICAL CERTIFICATE OF DEATH 447 PM

21. DATE OF DEATH (month, day, year) Sept 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936 to Sept 23, 1937

I last saw her alive on Sept 23, 1937 Death is said to have occurred on the date stated above, at 4:47 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis	?
Tabes dorsalis	?
Syphilitic aortitis	?
Myocardial failure	9/21/37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Conrad Acton M. D.

(Address) Home for Incurables.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39393

CERTIFICATE OF DEATH

131 F 39393

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Schenker (Schlenker)

If U. S. Veteran specify WAR .....

(a) Residence: No. 4013 Walrad St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Catherine Schenker

6. DATE OF BIRTH (month, day, year) March 30, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Delta Md.

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT .....

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date 9/25/37 19

19. UNDERTAKER Harry H. Nitzsche

(Address) .....

20. FILED SEP 25 1937 Irvington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/13, 1937 to 9/22, 1937

I last saw him alive on 9/22, 1937 Death is said to have occurred on the date stated above, at 10.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic C.V disease	
Chronic Glomerular Nephritis	

Other contributory causes of importance:

Uremia

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Chas B Marsh M. D.

(Address) Bon Secours Hosp

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

39394

CERTIFICATE OF DEATH 19-V-F 39394

1. PLACE OF DEATH 234 N. Gilmor

CITY OF BALTIMORE: (No.) Balto Md St., 23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 years mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucille Cooper

If U. S. Veteran specify WAR

(a) Residence: No. 234 N. Gilmor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Cooper

6. DATE OF BIRTH (month, day, year) February 20, 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Orangeburg S C

FATHER

13. NAME Chester Briggs

14. BIRTHPLACE (city or town) (State or country) Orangeburg S C

MOTHER

15. MAIDEN NAME Mary Tumblin

16. BIRTHPLACE (city or town) (State or country) Orangeburg S C

17. INFORMANT Edward Cooper

(Address) 234 N Gilmor St

18. BURIAL, CREMATION, OR REMOVAL. Orangeburg S C Date Sept 27 19 37

19. UNDERTAKER Joseph Young

(Address) 1634 Druid Street

25 1 28 1937 19 175 Lexington Ave Niagara Falls N.Y.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-23- 1937

22. I HEREBY CERTIFY, That I attended deceased from June 11 1937 to Sept 23 1937

I last saw h alive on 9-21- 1937. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Congestion	9/21/37
due to Pneumonia (Bronchial)	

Other contributory causes of importance:

Bronchitis + Rheumatism (4 week) (3 mo)	9/21/37

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm R Doyle M. D.

(Address) 1512 N Gilmor

OCCUPATION is very important. See instructions on back of certificate.

39395 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 39395

CERTIFICATE OF DEATH 12-4-31

1. PLACE OF DEATH St Agnes Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens and Caton Aves St., ...Ward)

Length of residence in city or town where death occurred 23 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? 20 yrs. -- mos. -- ds.

2. FULL NAME Rose Emily Cook — If U. S. Veteran specify WAR .....

(a) Residence: No. 2202 Guilford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest Cook

6. DATE OF BIRTH (month, day, year) Feb. 2, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
66	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Thomas Lynn

14. BIRTHPLACE (city or town) (State or country) ------- Ireland

MOTHER

15. MAIDEN NAME Charlotte Griffith

16. BIRTHPLACE (city or town) (State or country) ------- Ireland

17. INFORMANT Mrs. Philip Brady
(Address) 2912 Wyman Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place St. John's, Long Green Date 9/27/37

19. UNDERTAKER Henry H. Mears & Son
(Address) 805 E. Calvert St.

20. FILED ..... 19..... Registrar.
25 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 22 1937 to September 24 1937
I last saw h.. alive on September 24 1937. Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Renal Disease	?
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify.....

(Signed) Lawrence J. Shumaker M. D.
(Address) St Agnes Hospital.

OCCUPATION is very important. See instructions on back of certificate.

39396

HEALTH DEPARTMENT—CITY OF BALTIMORE

39396

CERTIFICATE OF DEATH

20-8 V66-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 4201 Massachusetts Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence May Reside

If U. S. Veteran specify WAR

(a) Residence: No. 4201 Massachusetts Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced (or) WIFE of John B Reside

6. DATE OF BIRTH (month, day, year) Oct 17, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Kenzie M. Feglby

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Bowen

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John B. Reside

(Address) 4201 Massachusetts Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 27 37

19. UNDERTAKER Ambrose Inc.

(Address) 3017 W. Grace St

20. FILED 19 Wilmington, N.C.

SEP 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1935 to Sept 25, 1937

I last saw her alive on Sept 25, 1937. Death is said to have occurred on the date stated above, at 8:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	1935
Hyper thyroid disease	1934
cerebral hemorrhage	9/30/37
cerebral hemorrhage	9/24/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? visual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) George L. Kuiper, M. D.

(Address) 3030 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

39397 F 39397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 8-6 9

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1826 E Oliver St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Carol. Krieg

(a) Residence: No. 1826 E Oliver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): July 9 1937

7. AGE: Years | Months: 2 | Days: 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Alvin Krieg.

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Palma. Bach.

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Palma Bach Krieg.
(Address) 1826 E Oliver St

18. BURIAL, CREMATION, OR REMOVAL
Place: Balto Crem Date: 9-25 1937

19. UNDERTAKER: Mrs Chas A Rohde
(Address) 2327 Edmondson Ave

20. FILED: Huntington Williams, Registrar
SEP 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 24 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-11- 1937 to 9/24 1937

I last saw [illegible] alive on 9/24 1937 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Whooping Cough	9/11/37
Other contributory causes of importance:	
Broncho Pneumonia	9/16/37

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify No

(Signed) David Fyffe M. D.

(Address) 1530 Eutaw

OCCUPATION is very important. See instructions on back of certificate.

39398

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39398

CERTIFICATE OF DEATH

12-246-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Daisy Coale Hopkins

If U. S. Veteran specify WAR

(a) Residence: No. Bel Air Ave St., Ward. Bel Air, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Harry Hopkins

6. DATE OF BIRTH (month, day, year): Mar. 24. 1889

7. AGE: Years: 48 | Months: 6 | Days: 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): near Bel Air Md.

FATHER

13. NAME: Abel E. Cole

14. BIRTHPLACE (city or town) (State or country): near Churchill Md

MOTHER

15. MAIDEN NAME: Mary Alice Jones

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Harry M. Hopkins
(Address): Bel Air Md

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Zion Cemetery Date: Sept 27. 1937

19. UNDERTAKER: Deaver & Sutton
(Address): Bel Air Md

20. FILED: Sept 25 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 25. 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 25. 1937 to Sept 25. 1937

I last saw her alive on Sept 25. 1937. Death is said to have occurred on the date stated above, at 12.50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Sigmoid	

Other contributory causes of importance:

Was an operation performed? Yes Date of Sept. 17. 37

For what disease or injury? Cancer of Sigmoid

Name of operation Mikulitz

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Douglas H. Stone M. D.

(Address) Union Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 39399

39399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-1759

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3807 Norfolk ave Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds. 76

If U. S. Veteran specify WAR .....

2. FULL NAME Fabie Kramer

(a) Residence: No. 3807 Norfolk ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Vostrow

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Vostrow

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Elizabeth Schmotz Daughter

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 9/26/37

Bost Forest Lawn

19. UNDERTAKER Jos. Lewis & Sons

(Address) 1439 E. Balt St

20. FILED 19 Registrar

SEP 26 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-26 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 35 to 9/19 1937

I last saw her alive on 9/19 1937. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac asthma	
Other contributory causes of importance: Diabetes	

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) A. J. Freedman M. D.

(Address) 1117 S. Broadway

OCCUPATION is very important. See instructions on back of certificate.

39400 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 39400

CERTIFICATE OF DEATH

12-259

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 3247 Abel ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 57 yrs. ..... mos. ..... ds.

2. FULL NAME Freda Hollander

If U. S. Veteran specify WAR

(a) Residence: No. 3247 Abel ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac

6. DATE OF BIRTH (month, day, year) unknown

7. Years: 73 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abe Clark

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Belle

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Henry Rosenberg
(Address)

18. BURIAL, CREMATION, OR REMOVAL Rosedale 9/26/37

19. UNDERTAKER Joseph Levy & Sons
(Address) 1939 E Baltimore

Sept 26 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 to Sept 25, 1937

I last saw her alive on Sept 25, 1937 Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Other contributory causes of importance: Bronchopneumonia	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Harold Lovell M. D.

(Address) 817 Park Ave

OCCUPATION is very important. See instructions on back of certificate.

39401

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39401

CERTIFICATE OF DEATH

23-2 / 31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 Light St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? 44 yrs. mos. ds.

2. FULL NAME Catherine Korbach

If U. S. Veteran specify WAR

(a) Residence: No. 1004 Light St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dietrich Korbach

6. DATE OF BIRTH (month, day, year) Apr. 7, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Gretchun Urban.
(Address) Lancaster Co., Va.

18. BURIAL, CREMATION, OR REMOVAL
Place Bethel Church Cem. Date Sept. 26 1937
Mundy Pt. Va.

19. UNDERTAKER John F. Denny
(Address) 715 Light St

20. FILED 19 Registrar

SEP 26 1937

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 1937 to Sept 25 1937

I last saw her alive on 19 Death is said to have occurred on the date stated above, at 1.20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis and Mitral Regurgitation 2dly.	
Cerebral Hemorrhage	9/23/37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation none.

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

9/25/37 (Signed) R. H. Campbell M. D.
(Address) 1644 Hanover St

OCCUPATION is very important. See instructions on back of certificate.

39402 F 39402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 4-2 114-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Kackritz

(a) Residence: No. Mitchellville, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel Thieme

6. DATE OF BIRTH (month, day, year) not obtainable

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Herman Kackritz

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Emma Kackritz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Vital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Leisters Woods, Date Sept. 26 1937

19. UNDERTAKER Tilghman Brothers
(Address) Upper Marlboro Md.

26 1937 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1937, to Sept. 25, 1937

I last saw him alive on Sept. 25, 1937. Death is said to have occurred on the date stated above, at 2:30 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral pulmonary Abscesses (Chronic) NONE tuberculous	

Other contributory causes of importance:

Pulmonary Hemorrhage	

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) M. Nicholson, M. D.
(Address) University Hosp.

F 39403

39403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-153-a Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 W. Franklin St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian B Glyder

If U. S. Veteran specify WAR

(a) Residence: No. 613 W. Franklin St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	Married

5a. If married, widowed, or divorced
BUSHAND of (or) WIFE of Thomas.

6. DATE OF BIRTH (month, day, year) Aug 16 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 ¢ Store

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Hellinger

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Elizabeth Wolf

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Whetstone
(Address) 613 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept 27 19

19. UNDERTAKER William J Dehner & Sons
(Address) North & Penna Ave

20. FILED 26 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/15 1937 to 9/24 1937

I last saw her alive on 9/24 1937 Death is said to have occurred on the date stated above, at 9.05 m.

The principal cause of death and related causes of importance were as follows:

Bronchio-Pneumonia — Date of onset 9/23/37

Other contributory causes of importance: Hydronephroma Rt Kidney — Coma

Hydronephroma — over

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph G. Laurkaitis, M.D.

(Address) 679 W Lexington St

OCCUPATION is very important. See instructions on back of certificate.

39404 E 39404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-97

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1908 W. North Ave. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Stubbs, — If U. S. Veteran specify WAR

(a) Residence: No. 1908 W. North Ave. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Gideon N. Stubbs,

6. DATE OF BIRTH (month, day, year) March 17, 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME John Bayer,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lillian M. Morris,
(Address) 1908 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date SEP 27 1937

19. UNDERTAKER Geo W. Little
(Address) 2700 Edmondson Ave.

SEP 26 1937 Registered by Herrington for Williams, Wyatt

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 25 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to Sept 25, 1937

I last saw her alive on Sept 20, 1937. Death is said to have occurred on the date stated above, at 9:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1934
Senility	1934
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Gerald P. Meranski M. D.
(Address) 1910 W. North Ave

Spec.—2-29-28—L. F. S.—500 Bks.

F 39405

39405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7-4 82-a (over)

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 N Gay. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harvey Fleming

(a) RESIDENCE NO. 1029 N Gay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 2 mos. 15 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Wh	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Fleming

6 DATE OF BIRTH (month, day, and year) 1868 Jan.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman - retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Jno J Fleming

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn. Md. C

12 MAIDEN NAME OF MOTHER Laura Rose -

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant Mrs Fleming

(Address) 1029 N. Gay St

FILED 26 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 24 - 37

17 I HEREBY CERTIFY, That I attended deceased from March, 1937, to Sept 24, 1937

that I last saw h alive on Sept 23, 1937

and that death occurred, on the date stated above, at 10 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Chas F Blake, M. D.

, 19 (Address) 20 E Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Sept 27 1937

20 UNDERTAKER Henry Lutz — ADDRESS N. Broadway

IMPORTANT.—SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

F 39406

39406 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-6 V 93 e

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 Ashburton St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ~~Addie Sullivan~~ ADDIE SULLIVAN If U. S. Veteran specify WAR none

(a) Residence: No. 1815 Ashburton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Sullivan

6. DATE OF BIRTH (month, day, year) Oct. 7, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Appleby

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Caroline Coppenheaver

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. Mary L. Bickel

(Address) 2211 W. Rodgers Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 9/27, 1937

19. UNDERTAKER G. Vernon Lemmon

(Address) 4611 Park Heights.

20. FILED Sep 26 1937 Huntington Williams, Asst. H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1937, to Sept 24, 1937

I last saw her alive on Sept. 23, 1937. Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
	over
Other contributory causes of importance: Senility	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. L. Long M. D.

(Address) 418 Fonthorp Building

OCCUPATION is very important. See instructions on back of certificate.

B9407 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 39407

CERTIFICATE OF DEATH 11-2 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Inf. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Samuel Robinson — If U. S. Veteran specify WAR

(a) Residence: No. 20 E. Mt. Vernon Pl. St., Ward. Baltimore, Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella S Robinson

6. DATE OF BIRTH (month, day, year) Aug 7 - 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auditor

10. Date deceased last worked at this occupation (month and year) 8 37

11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md.

FATHER

13. NAME John H Robinson

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER

15. MAIDEN NAME Margaret Virginia Bordley

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Leroy Robinson

(Address) 30 Wellesley Ave Irvington

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date Sept 28 1937

19. UNDERTAKER Taylor & Boyce Inc

(Address) 417 N. Eutaw

SEP 26 1937 Huntington W. Va.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1937, to Sept. 25, 1937.

I last saw him alive on Sept. 24, 1937. Death is said to have occurred on the date stated above, at 10:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	8 29 37
Acidosis - Uremia	9 20 37

Other contributory causes of importance:

Prostatitis	1931
Cystitis	1934

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Hugh C Ilgenfritz Jr. M. D.

(Address) Church Home & Infirmary

HEALTH DEPARTMENT—CITY OF BALTIMORE

39408

CERTIFICATE OF DEATH

F 39408

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 611 S Bradford St (St.) 1-3 (Ward) 53-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Josefa Kruszewska

If U. S. Veteran specify WAR .....

(a) Residence: No. 611 S. Bradford St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Kruszewski

6. DATE OF BIRTH (month, day, year) March 10 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	— 6	— 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Miodruszewski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Frank

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Millie Brulinska

(Address) 611 S Bradford St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Sept 27 1937

19. UNDERTAKER Fred W Orzechowski

(Address) 1925 Eastern Ave

20. FILED Sept 28 1937 [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-23-37

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1937, to Sept 23, 1937

I last saw her alive on Sept 23, 1937. Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder + (cervix)	?
Other contributory causes of importance: Clinic reports	-?-

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? clinical history Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos. A. Kurlecki M. D.

(Address) 126 S. Patterson Pk. 402.

HEALTH DEPARTMENT—CITY OF BALTIMORE

39409 — CERTIFICATE OF DEATH — F 39409

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 1441 CC 1877

CITY OF BALTIMORE: (No. Bay View St., 26 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ina Saylor — If U. S. Veteran specify WAR

(a) Residence: No. 1647 Dudley Ave. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward E. Saylor

6. DATE OF BIRTH (month, day, year) March 30-1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H

10. Date deceased last worked at this occupation (month and year) Sept. 23-1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glasgow, Scotland

FATHER

13. NAME Andrew McGrow

14. BIRTHPLACE (city or town) (State or country) Dunbar, Scotland

MOTHER

15. MAIDEN NAME Isabella Lees

16. BIRTHPLACE (city or town) (State or country) Dunbar, Scotland

17. INFORMANT Edward E. Saylor (Address) 1647 Dudley Ave.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date Sept 27. 1937

19. UNDERTAKER Brenowitz (Address) 615 Pennsylvania Ave.

20. FILED SEP. 27 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 23. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Eclamptic Coma	Some time
Post Partum Hemorrhage	
Shock.	

Other contributory causes of importance: Spontaneous Abortion

Was an operation performed? — Date of

For what disease or injury?

Name of operation Clinical — Date of Partial

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NA Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NA If so, specify

(Signed) Chas W. Wood M. D. Coroner

(Address) 1712 N. Broadway

OCCUPATION is very important. See instructions on back of certificate.

39110

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39110

CERTIFICATE OF DEATH

Registered No. 13-7 94-B

1. PLACE OF DEATH 1025 N 86th St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ida Thompson

(a) Residence: No. 3630 Paine St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jonathan G. Thompson

6. DATE OF BIRTH (month, day, year) May 22, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME James K. Morgan

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT A. Frank Thompson

(Address) 1304 Weldon Ave.

18. BURIAL, CREMATION, OR REMOVAL St. Mary's Hampden Date Sept 27, 1937

19. UNDERTAKER Chenoweth Son

(Address) 3615-17 Eastern Ave.

FILED 19 Registrar

SEP 27 1937

V S 6

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to (Inquest, Autopsy or Inquiry) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	9/25
Other contributory causes of importance: Sclerosis Arterial, Hypertension	2 yr

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph N Evans M. D.

Coroner

(Address) Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

39411

CERTIFICATE OF DEATH

53 E 39411

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1635 S. Hanover St., Ward) 23-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Christopher

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1635 S. Hanover St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia

6. DATE OF BIRTH (month, day, year) Jan 15 - 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Hathaway

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Hathaway

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hurley Christopher

(Address) 1635 S. Hanover St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Sept 27th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Filed SEP 27 1937 Registrar Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH 3 30 PM

21. DATE OF DEATH (month, day, year) Sept 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1936 to Sept 24 1937

I last saw him alive on Sept 23 1937. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Sept 24.
Other contributory causes of importance: Squamous Cell Carcinoma 2yrs Neck - Inoperable.	

Was an operation performed? Yes. Date of Nov 36

For what disease or injury? No.

What test confirmed diagnosis? Microscopic. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No 19

Where did injury occur? No

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James W. Wilson M. D.

(Address) 1120 St Paul St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39412

CERTIFICATE OF DEATH

F 39412

Registered No. 25-137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles F. Hines

If U. S. Veteran specify WAR No Record

(a) Residence: No. 6100 Reisterstown Rd., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed.

5a. If ~~married~~, widowed, ~~divorced~~ HUSBAND of ~~(or WIFE of)~~ Mary Ellen Hines

6. DATE OF BIRTH (month, day, year) June 28th 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hutzler Bros

10. Date deceased last worked at this occupation (month and year) 1902

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Manchester Md

FATHER

13. NAME Anthony Hines

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth (Unknown)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Walter Smith

(Address) 6100 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 28th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1937 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-25-1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 16 1937 to Sept 25 1937

I last saw h/M alive on Sept 25 1937. Death is said to have occurred on the date stated above, at 8.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	9/16/37
Other contributory causes of importance:	
Urinary Retention	9/16/37
Myocarditis	9/16/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. F. Johnston Jr M. D.

(Address) Md. General Hospital

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

39413

CERTIFICATE OF DEATH

F 39413

1. PLACE OF DEATH Sinai Hospital 3-2 Registered No. 23

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Teabo

If U. S. Veteran specify WAR

(a) Residence: No. 1111 E Baltimore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10. 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME John L. Teabo

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Mary J. Bradine

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mrs. John L. Teabo
(Address) 2514 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 28 1937

19. UNDERTAKER Margaret J. Hynes
(Address) 1428 Eyrau St

20. FILED SEP 27 1937 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-25-1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 1937 to Sept-25 1937

I last saw him alive on Sept-25 1937. Death is said to have occurred on the date stated above, at 11 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	Sept-9-1937
Tuberculous Meningitis	

Other contributory causes of importance: ovn

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Bernard Lidman, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 39414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 26720 (MB) F 39414

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward) 15 V 131 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred Guider: (Charles) If U. S. Veteran specify WAR

(a) Residence: No. 911 Pierce St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola

6. DATE OF BIRTH (month, day, year) 1/4/1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 111. Canning Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Brown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Sept 27, 1937

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St

20. FILED SEP 27 1937 Huntington Williams, Nº

OCCUPATIONS is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 24. 1937

22. I HEREBY CERTIFY, That I attended deceased from September 16 1937 to September 24 1937

I last saw him alive on September 24 1937. Death is said to have occurred on the date stated above, at 1.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	Unknown

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. G. de Santelle M. D.
(Address) Baltimore City Hospitals

39415

HEALTH DEPARTMENT—CITY OF BALTIMORE

39415

CERTIFICATE OF DEATH

8-175

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1524 N. Washington St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Jesse Thawley

If U. S. Veteran specify WAR .....

(a) Residence: No. 1524 N. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 10, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Crane Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Samuel A. Thawley

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary E. Freed

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Edward A. Thawley
(Address) 1714 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Fairmount Cem. Date Sept 27-37

19. UNDERTAKER Wendel & Humphreys
(Address) 1201 N. Broadway, Wilmington, Del.

20. FILED Sept 27 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) 1712 E. Fayette Ave.

State CAUSE OF DEATH in plain terms. So that it may be properly classified. Last statement OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

39416

CERTIFICATE OF DEATH 106-a F 39416

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 736 Bradley St., 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sophia Marie Baker

If U. S. Veteran specify WAR .....

(a) Residence: No. 736 Bradley St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	S

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Aug 31, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Edna Lyna Baker

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Irma Lyna Baker

(Address) 736 Bradley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date 9/27 1937

19. UNDERTAKER Chas. E. Woofter

(Address) 514 N. Calhoun St

20. FILED 19 ..... Registrar

SEP. 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above. 7.40 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis	

Other contributory causes of importance: None

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. Hamm Coroner, M. D.

(Address) 215 Hanover

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

39417

CERTIFICATE OF DEATH

12-5-97-E

E 39417

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1702 Guilford Ave St., (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. 9 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Pardue Geiger

(a) Residence: No. 1702 Guilford Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Geiger

6. DATE OF BIRTH (month, day, year) 12-18-1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William H. Logsdon

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary V. Logsdon

(Address) 1702 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date 9-28-1937

19. UNDERTAKER Wm. E. Miller Inc.

(Address) 2455 E. Oliver St.

20. FILED 9-27-1937 by [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26. 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-26, 1937, to 9-26, 1937

I last saw her alive on 9/26, 1937. Death is said to have occurred on the date stated above, at 1045 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Indigestion	9/26/37
Heart Block	9/26/37

Other contributory causes of importance: Valvular (aortic) disease of heart, hypertension Old Age

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. Grant M. D.

(Address) 912 E. Lanvale St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Indefinite or unknown causes are useless. Do not state mode of dying, such as heart failure, asphyxia, or uremia, without stating cause. Do not give occupation unless it is important. See instructions on back of certificate.

39418

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39418

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 26-8 Ward)

Registered No. 181

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie Wells

If U. S. Veteran specify WAR

(a) Residence: No. 3427 E. Baltimore St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis H. Wells

6. DATE OF BIRTH (month, day, year) June 7, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Shackelford

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Louisa Pearson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Ida Baldwin

(Address) 3427 E. Balto St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md Date 9-27-1937

19. UNDERTAKER John C. Miller Jr.

(Address) 2455 E. Monument St.

20. FILED 19 Registrar

9-27-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1937.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accid. Injuries of Body	Sept 25, 37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 25, 1937.

Where did injury occur? Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Home

Manner of Injury Fell accidentally unattended.

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Samuel Levy, Coroner, M. D.

(Address) 1331 E. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

39419

CERTIFICATE OF DEATH 26827—CM

F 39419

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma Brooks

(a) Residence: No. 108 N. Schroeder St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene (D)

6. DATE OF BIRTH (month, day, year) 2-23-1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Stephen Hebion

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Taylor

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 9/28 1937

19. UNDERTAKER Saml. W. Grace & Son

(Address) 630 N. Gilmor

20. FILED 9 27 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 20, 1937, to September 24, 1937.

I last saw her alive on September 22, 1937. Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	9-20-37

Other contributory causes of importance:

Hypertension, cardiovascular disease	1935

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. A. de Vantelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39420

Registered No.

39420 CE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Elizabeth Brown

(a) Residence: No. 811 Hollins St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Robert H. Brown

6. DATE OF BIRTH (month, day, year) July 21, 1861.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Valentine Jenhard

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dr. Vernon Brown, (Son)
(Address) 811 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL
Place Date Sept. 27 1937

19. UNDERTAKER Harry H. Leitze
(Address)

20. Filed Sept 27 1937 Huntington Williams M.D.
(Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1937, to Sept 24, 1937

I last saw h.e alive on Sept 23, 1937. Death is said to have occurred on the date stated above, at 4.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset about (mo.)
Adeno-carcinoma of uterus	

Other contributory causes of importance:

Broncho-pneumonia

Was an operation performed? No Date of Aug 2, 1937

For what disease or injury? Carcinoma of uterus

What test confirmed diagnosis? Pathological Section Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard B. Mayo, M. D.

(Address) University Hospital

STATE CAUSE OF DEATH in plain terms. DO NOT USE TERMS OF DISEASE, BARE STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

39421 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 39421

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md. Gen'l. Hosp. Registered No. 1108

CITY OF BALTIMORE: (No. ..... St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Josephine Wissig

(a) Residence: No. 3000 Presstman St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 12, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Maryland

FATHER

13. NAME J. Hathaway Hunt

14. BIRTHPLACE (city or town) Talbot Co. (State or country) Maryland

MOTHER

15. MAIDEN NAME Martha Washington Gibson

16. BIRTHPLACE (city or town) Talbot Co. (State or country) Maryland

17. INFORMANT Dr. George L. Kinsig

(Address) 4000 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. (Date) Sept. 27, 19 37

19. UNDERTAKER Harry S. Hutzler

(Address) 1101 Eutaw Pl.

SEP 27 1937 Huntington Williams, M.D.

VS 3

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-23 1937

22. I HEREBY CERTIFY, That I attended deceased (from 9-22 1937 to 9-25 1937.

I last saw h. alive on 9-23 1937 Death is said to have occurred on the date stated above, at 2.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Rt. Lung)	
Cardiac Failure	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

21. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) U. J. Edwards M. D.

(Address) Md. Gen'l. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39422

CERTIFICATE OF DEATH

23 F 39422

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD. 22-2 Registered No.

CITY OF BALTIMORE: (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter T. Green If U. S. Veteran specify WAR

(a) Residence: No. 413 Perry St., Balto. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	negro	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, year) August 9, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deck Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 8-24-37

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Amhurst, Va.

FATHER

13. NAME Robert Green

14. BIRTHPLACE (city or town) (State or country) ? N. C.

MOTHER

15. MAIDEN NAME Fannie Gaines

16. BIRTHPLACE (city or town) (State or country) Amhurst, Va.

17. INFORMANT Records- U.S. Marine Hospital, (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date Sept. 27 1937

19. UNDERTAKER E. Leroy Tiffen, Inc. (Address) 125 E. Mosher Ave.

FILED SEP 27 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 23 1937

22. I HEREBY CERTIFY, That I attended deceased from August 26, 1937, to September 23, 1937

I last saw him alive on September 23, 1937 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, far advanced	June 1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) T. B. N. a. dura, M. D.

(Address) U. S. Marine Hospital, Balto. Md.

HLW/g

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

39423 F 39423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 137

1. PLACE OF DEATH St. Agnes' Hospital, 2525

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Reinhold J. Halm, If U. S. Veteran specify WAR

(a) Residence: No. Jenkins Memorial Hospital St, Hagerstown Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis

6. DATE OF BIRTH (month, day, year) Sept. 1, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Justice of Peace

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N Y

FATHER

13. NAME Reinhold J. Halm

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Pauline Ulipitch

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs Catherine Cobb

(Address) 5803 Cedar Parkway, Chevy Chase

18. BURIAL, CREMATION, OR REMOVAL

Place Rose Hill, Hagerstown Date Sept 29, 1937

19. UNDERTAKER Fred W. Kraiss

(Address) Hagerstown, Md

20. FILED 19

Registrar

SEP 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-3, 1937 to 9-27, 1937

I last saw him alive on 9/22/37, 19. Death is said to have occurred on the date stated above, at 12.35 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dementia hypertensive cardiovascular	? (2 Mos)

Other contributory causes of importance:

Arteriosclerotic Cardio-vascular Disease	?

Was an operation performed? Yes Date of Sept 11

For what disease or injury? Dementia Hypertensive Cardiovascular

Name of operation Transurethral Prostatectomy.

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Daniel Geo. Wehner M. D.

(Address) St. Agnes Hospital

Hamilton Williams, M.D.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39424

CERTIFICATE OF DEATH

92-a

F 39424

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 N. Luzerne Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Schaffer

If U. S. Veteran specify WAR

(a) Residence: No. 119 N. Luzerne Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Schaffer

6. DATE OF BIRTH (month, day, year) Feb 18-1863.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John A. Leichtaler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Charles F. Leichtaler

(Address) 119 N. Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Cem. Date Sept 27 1937

19. UNDERTAKER George W. Zipfler

(Address) 1737 E. Eager St.

FILED SEP 27 1937 Harrington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1935 to Sep 26, 1937

I last saw h. alive on Sep 25, 1937. Death is said to have occurred on the date stated above, at 7.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Block	
Endo & Myo Carditis, Chronic	

Other contributory causes of importance:

Arteriosclerosis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. T. Mohr, M. D.

(Address) 3018 Ellwood Ave

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39425 — 14-193-F 39425

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 Bolton St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Binswanger — If U. S. Veteran specify WAR

(a) Residence: No. 1908 Bolton St. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 22, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager Alteration

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept. Ladies' to Wear

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30+

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Simon Binswanger

14. BIRTHPLACE (city or town) (State or country) Catonsville, Md.

MOTHER

15. MAIDEN NAME Mina Wacker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Sylvan Binswanger, (Address) 1908 Bolton St.

18. BURIAL, CREMATION, OR REMOVAL Place Balto. Hebrew Cem. Date Sept. 28, 37

19. UNDERTAKER David Sandbaum & Son (Address) 1902 Eutaw Place

20. FILED 19 Registrar.

SEP 27 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24 1937 to Sept 26 1937

I last saw h[illegible] alive on Sept. 26 1937. Death is said to have occurred on the date stated above, at 7.30A m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Generalized Arteriosclerosis — | Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Wm. Primakoff M. D.

(Address) Temple Garden Apts.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement in OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

39426 | CERTIFICATE OF DEATH | 134 | F 39426

39426

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St., 27-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR ...

2. FULL NAME Laura E Fergusow

(a) Residence: No. 3201 Batavia Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James F. Ferguson

6. DATE OF BIRTH (month, day, year) 5 | 18 | 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	4	7	X

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Bennett

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Elizajane Cloud

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT James F. Ferguson
(Address) 3201 - Batavia Ave

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem Date 9/29/37

19. UNDERTAKER George [illegible] Sons
(Address) 1735 Harford Ave

20. FILED SEP 27 1937 19 Registrar Huntington Howard, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 8 1937 to Sept 25 1937

I last saw her alive on Sept 25 1937. Death is said to have occurred on the date stated above, at 6 45/P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Kidney Stone Right	?
Chronic nephritis	?
Chronic Myocarditis	?
Other contributory causes of importance: Diabetes Mellitus	?

Was an operation performed? Yes Date of Sept 16, 1937

For what disease or injury? Kidney Stone.

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert E. Rushman, M. D.

(Address) St Joseph's Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39427

CERTIFICATE OF DEATH

CM 8-3-95 BF 39427

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Adam Schissler, (Scheibler) If U. S. Veteran specify WAR

(a) Residence: No. 2518 E. Oliver St., St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-7-1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

FATHER

13. NAME Un.

14. BIRTHPLACE (city or town) Un. (State or country)

MOTHER

15. MAIDEN NAME Mary Dutch

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Records of Balto. City Hospts. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cemetery Date SEP 28 1937

19. UNDERTAKER Henry Wood Sons Inc. (Address) 3 E. Eager St.

FILED SEP 27 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to September 24, 1937

I last saw him alive on September 24, 1937. Death is said to have occurred on the date stated above, at 0554 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer, rectum	2-24-37
Other contributory causes of importance: Arteriosclerosis, heart disease	1935

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. A. de Lamotte, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

553

HEALTH DEPARTMENT—CITY OF BALTIMORE

39428

CERTIFICATE OF DEATH

3-1 94-P 39428

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 622, South Bond Street St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 40 yrs. mos. ds.

2. FULL NAME John J. Wojciechowski

If U. S. Veteran specify WAR

(a) Residence: No. 622 South Bond Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Maryanna Wojciechowski

6. DATE OF BIRTH (month, day, year) Dec, 18th, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Stanislaw Wojciechowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Julia Drozdowski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs, Mary Wojciechowski
(Address) 622 South Bond Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem, Date Sept 30th 37

19. UNDERTAKER George A. Weber
(Address) 705 S Conn St

20. FILED [illegible] Registrar

SEP 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept, 26th, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1937, to Sept 26, 1937

I last saw him alive on Sept 26, 1937. Death is said to have occurred on the date stated above, at 9P a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	?
Other contributory causes of importance: Coronary Thrombosis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Leo J. Kulecki M. D.

(Address) 2 E. J. Patterson Pk. 716

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39429) CERTIFICATE OF DEATH 280554-15 B F 39429)

8-4 P5B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Ritz

If U. S. Veteran specify WAR

(a) Residence: No. 2229 Mura St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad Ritz

6. DATE OF BIRTH (month, day, year) 8-2-1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hwf. d 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME August Hartung

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Helfrich

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Sept 29 37

19. UNDERTAKER John Ulrich & Sons

(Address) 2005 Eastern

19 FILED 19 Registrar

SEP 27 1937 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-22, 1937, to 9-25, 1937

I last saw h[er] alive on 9-25, 1937. Death is said to have occurred on the date stated above, at 5:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelitis	9-20-37
Uraemia	9-23-37
Symptoms of typ[e] of following infection of pelvis of kidney	8-22-37

Other contributory causes of importance:

Hypertension heart disease	?
Cancer of pituitary gland	?

Was an operation performed? yes Date of 8-31-37

For what disease or injury? Symptoms of typ[e]

Name of operation Intra-venous water typ.

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ole Brantigam M. D.

(Address) Baltimore City Hosp.

F 39430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M F 39430

Registered No.

1. PLACE OF DEATH City Hospital

CITY OF BALTIMORE: (No. ..... St., 26-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel F. Hemling

If U. S. Veteran specify WAR .....

(a) Residence No. 239 Baltimore Ave St. Helena Butts Co. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 7-1926

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
11	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Butts Co Md

MOTHER

13. NAME Paul E. Hemling

14. BIRTHPLACE (city or town) (State or country) Pa

FATHER

15. MAIDEN NAME Katherine Wagner

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Katherine Hemling

(Address) 239 Balto Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Sept 27 37 19

19. UNDERTAKER John Ulbrich

(Address) 2008 Eutaw St

20. FILED SEP 27 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH 1106 F

21. DATE OF DEATH (month, day, year) 9/23/37 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
" of Left Femur	
Cerebral Concussion	
Shock	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 9/23 . 19 37

Where did injury occur? Baltimore & Center Sts

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public street

Manner of injury Struck by automobile

Nature of injury Fell from Parked Car

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Fatien Gentry Coroner . M. D.

(Address) 907 N Charles St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39431 CERTIFICATE OF DEATH 108 F 39431

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) St. Joseph's Hospital St., 27-10 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME John Seidel

(a) Residence: No. 503 Arlington Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katherine Seidel

6. DATE OF BIRTH (month, day, year) Oct 20-1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St Ry Co
10. Date deceased last worked at this occupation (month and year) 1937 Sept 19
11. Total time (years) spent in this occupation 42 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Dont Know
14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT Howard Seidel
(Address) 627 E 37th St

18. BURIAL, CREMATION, OR REMOVAL
Place Prospect Hill Cem Date Sept 29 1937

19. UNDERTAKER John Ulrich
(Address) 200 E Oliver

20. FILED SEP 27 1937 Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26. 37

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 19 37 to Sept 26 19 37
I last saw him alive on Sept 26 19 37. Death is said to have occurred on the date stated above, at 4 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10th
Other contributory causes of importance: Chronic Myocarditis	?

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert E Rudisman M. D.
(Address) St Joseph's Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39432

CERTIFICATE OF DEATH

210-M

F 39432

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yr. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME George H. Dengler

(a) Residence: No. Perry Hall Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Norma E. Dengler

6. DATE OF BIRTH (month, day, year) Sept. 11th. 1903

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
34	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Roads Concractor

10. Date deceased last worked at this occupation (month and year) Sept. 23rd. 1937

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

FATHER

13. NAME Peter J. Dengler

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Theresa Lindsay

16. BIRTHPLACE (city or town) (State or country) Unknown Maryland

17. INFORMANT (Address) Mrs. Norma E. Dengler Fullerton Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Josephs Cemetery Sept. 29 1937

19. UNDERTAKER (Address) Frederick Lassahn Sons 7401 Belair Road

SEP 27 1937

Registrar.

V S 6

MEDICAL CERTIFICATE OF DEATH 120SA

21. DATE OF DEATH (month, day, year) Sept. 25th. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	9/25

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/25 1937

Where did injury occur? Between Campbell & Poplar Rd On Belair Rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Struck by Auto which attempted to Pass Another & ran upon Ground

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert Gayley Auto M. D.
Coroner

(Address) 907 N. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39433

CERTIFICATE OF DEATH

2-293-c

F 39433

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St., ...Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Deasel

If U.S. Veteran specify WAR .....

(a) Residence: No. 1744 E. Lonsford St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph B. Deasel

6. DATE OF BIRTH (month, day, year) 12-25-85

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	9	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 1937

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John Bosmond

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Kate Brady

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Joseph B. Deasel (Address) 1744 E Lonsford St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept 28 1937

19. UNDERTAKER Nath W. E. Dippel (Address) 37 E. Ave Huntington Williams, W. Va.

SEP 27 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1937 to Sept 25 1937

I last saw her alive on Sept 25 1937. Death is said to have occurred on the date stated above, at 3:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio. Vascular disease	?
Chronic Myocarditis	?
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ——— 19 ...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gilbert E. Redman M. D.

(Address) St Josephs Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39434

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39434

CERTIFICATE OF DEATH

34-125-a

1. PLACE OF DEATH St. Agnes Hospital 25 Registered No. 78338

CITY OF BALTIMORE: (No. Eaton & Wilkens St. Ann's (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Cyril Whitecotton Harvard & Co. If U. S. Veteran specify WAR .....

(a) Residence: No. Dolchester - Md St., ... Ward. St. Ann's
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle Whitecotton

6. DATE OF BIRTH (month, day, year) 9/26/1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printing Press feeder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing

10. Date deceased last worked at this occupation (month and year) 10/36

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Louis Whitecotton

14. BIRTHPLACE (city or town) (State or country) Md Va

MOTHER

15. MAIDEN NAME Sarah Smith

16. BIRTHPLACE (city or town) (State or country) Md Va

17. INFORMANT Mrs Whitecotton

(Address) 124 London Ave

18. BURIAL, CREMATION, OR REMOVAL Place National Date 9/28/37

19. UNDERTAKER Edgar Mac Nutt

(Address) Catonsville Md

20. FILED SEP 27 1937 By Hunting Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-25-37

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1937 to Sept 25, 1937

I last saw him alive on Sept 25 1937 Death is said to have occurred on the date stated above, at 7.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Yellow Atrophy	
foll. Acephenamine	
administration	
Other contributory causes of importance:	
Syphilis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lawrence J Shumaker M. D.

(Address) St. Agnes Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

39435

HEALTH DEPARTMENT—CITY OF BALTIMORE

39435

CERTIFICATE OF DEATH

14-227-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 42 S Ward)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Jackson Bennett

If U. S. Veteran specify WAR .....

(a) Residence: No. 1625 McCulloh St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Irene Bennett.

6. DATE OF BIRTH (month, day, year) 3.22.03

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Soap factory

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Jackson Bennett.

14. BIRTHPLACE (city or town) (State or country) S. Carolina

MOTHER

15. MAIDEN NAME Rose Belser

16. BIRTHPLACE (city or town) (State or country) S. Carolina.

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sumter. S.C. Date Sept 27. 37

19. UNDERTAKER Mrs. Geo. H. Holland

(Address) 631 Lemmon Hill Ave

20. FILED SEP 27 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9. 24 . 19 37

22. I HEREBY CERTIFY, That I attended deceased from 9. 6 . 1937 to 9. 24 . 1937

I last saw h[im] alive on 9. 24 . 1937 Death is said to have occurred on the date stated above, at 7^00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolism	

Other contributory causes of importance:

Tuberculous ostetis.	

Was an operation performed? yes Date of 9.10.37

For what disease or injury? Tuberculous ostetis

Name of operation Excision & curettage

What test confirmed diagnosis? Path. Sections. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Gilbert J. McKelvey M. D.

(Address) Johns Hopkins Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 53

F 39436

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39436

CERTIFICATE OF DEATH

9-8 ✓59

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 504 East 26th St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARTHA JANE KELLY

If U.S. Veteran specify WAR

(a) Residence: No. 504 East 26th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Franklin D. Kelly

6. DATE OF BIRTH (month, day, year) August 15, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hampstead,
(State or country) Carroll County, Maryland

FATHER

13. NAME John Schultz

14. BIRTHPLACE (city or town) Baltimore County
(State or country)

MOTHER

15. MAIDEN NAME Suzanne Martin

16. BIRTHPLACE (city or town) Baltimore County
(State or country)

17. INFORMANT Mrs. Ethel Taylor
(Address) 504 East 26th Street

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Greenmount Date 9-29 1937

19. UNDERTAKER Edw. Tipton
(Address) Hampstead, Md.

SEP 27 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1937, to September 27, 1937

I last saw her alive on September 25, 1937. Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	Sept. 25, 1937
Other contributory causes of importance:	
Diabetes Mellitus	1931
Diabetic Gangrene of Great Toe	Sept. 17, 1937

Was an operation performed? No Date of ----- 1937

For what disease or injury? ------

What test confirmed diagnosis? Clinical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify

Signed Geo. W. Mungovan M.D.

(Address) 401 East 25th Street

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Granville Shauck Burkins

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39437

CERTIFICATE OF DEATH

204 164-a

F 39437

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1904 W Franklin St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Granville Shauck Burkins

If U. S. Veteran specify WAR

(a) Residence: No. 1904 W. Franklin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie V. Evans

6. DATE OF BIRTH (month, day, year) July 15 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Picture Framer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self. own

10. Date deceased last worked at this occupation (month and year) 9/24/37

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Harford Co Md.

FATHER

13. NAME John A Burkins

14. BIRTHPLACE (city or town) (State or country) Harford Co Md.

MOTHER

15. MAIDEN NAME Mary Logan

16. BIRTHPLACE (city or town) (State or country) Harford Co Md.

17. INFORMANT Sis Roland

(Address) 2532 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Co Date Sept 27 1937

19. UNDERTAKER Roland L. Funkhouser

(Address) 617 N. Monroe St

20. Sept 27 1937 Registrar

Huntington Ave Milwaukee, Wis

EP 27 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the date above. 330 P m,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating gas.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 9/24 1937

Where did injury occur? 1904 W. Franklin St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Specify activity at time of injury Turned gas jet in bath room

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hann M. D.

Coroner

(Address) 1315 Hanover

Instructions: Print plainly in ink. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

39438

HEALTH DEPARTMENT—CITY OF BALTIMORE

39438

CERTIFICATE OF DEATH

V 267 13 1

Registered No. 6-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? 27 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Isaac Sklar

(a) Residence: No. 219 N. Wolfe Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Sklar

6. DATE OF BIRTH (month, day, year): 9-10-1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Morris Sklar

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Dora Sluvis

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL Place: Baltimore Hebrew Date: 9/27/37

19. UNDERTAKER (Address): Jack Levy Co. 1437 E. Baltimore St.

20. FILED 19 Registrar.

SEP 27 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17 1937 to Sept 26 1937

I last saw him alive on Sept. 26 1937 Death is said to have occurred on the date stated above, at 2:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular renal disease	?

Other contributory causes of importance: Uremia 2 wks?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. C. Brantigan M. D.

(Address) Baltimore City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39439

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39439

CERTIFICATE OF DEATH

15-10 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3832 Sequoia Ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Abbie E. Showman

(a) Residence: No. 3832 Sequoia ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hamilton B. Showman

6. DATE OF BIRTH (month, day, year) Aug 26 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	—	30	

OCCUPATION

8. Trade, professinn, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupatinn (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown Md

FATHER

13. NAME ? Shefford

14. BIRTHPLACE (city or town) (State or country) maryland

MOTHER

15. MAIDEN NAME Margaret A. Howard

16. BIRTHPLACE (city or town) (State or country) maryland

17. INFORMANT Mrs Daisy A. Blair

(Address) 3832 Sequoia ave

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cemetery Frederick Md Date Sept 28 1937

19. UNDERTAKER Chas. G. Black

(Address) 742 W. Fayette ave

19 Filed ..... 19 ..... Livingston Wilmore, Mgr

SEP 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 24 , 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 , 1937, to Sept 24 , 1937

I last saw h.r alive on Sept. 24 , 1937. Death is said to have occurred nn the date stated above, at 6-10 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria - Sclerosis	1934
Chronic Interstitial Nephritis	1934
Other contributory causes of importance: Cardiac Hypertrophy.	1935

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Stephen F. Hillenmeyer M. D.

(Address) 6 East Biddle St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

39440

CERTIFICATE OF DEATH

13-2 107-a E 39440

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Julia A. Walsh

If U.S. Veteran specify WAR

(a) Residence: No. 721 Lennox St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) April 19, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

FATHER

13. NAME David Walsh

14. BIRTHPLACE (city or town) (State or country) --- Ireland

MOTHER

15. MAIDEN NAME Mary O'Donovan

16. BIRTHPLACE (city or town) (State or country) --- Ireland

17. INFORMANT Mrs. Mary W. Campbell

(Address) 721 Lennox Street

18. BURIAL, CREMATION, OR REMOVAL

Place Spring Hill Cemetery Date 9/29 1937

19. UNDERTAKER Henry U. Mears & Son

(Address) 505 N. Calvert St.

Huntington Hillcrest, N.Y.

SEP 27 1937 1937 Registrar.

Via Motor Hearse

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 19 to Sept 26, 1937

I last saw h[illegible] alive on Sept 26, 1937 Death is said to have occurred on the date stated above, at 11 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	1 Wk
Other contributory causes of importance:	
Arteriosclerosis	?

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury —, 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert E. Redman M. D.

(Address) St Joseph's Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39441

18-2107-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lottie Brown

(a) Residence: No. 1214 W Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 8-1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Brown

14. BIRTHPLACE (city or town) (State or country) Virginia Va

MOTHER

15. MAIDEN NAME Mary Frazier

16. BIRTHPLACE (city or town) (State or country) Wytheville Va

17. INFORMANT Mrs Mary Brown

(Address) 1214 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Sept 27, 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 222 N. Schroeder St

Registrar.

SEP 27 1937

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchio Pneumonia (primary)	Sept 24 '37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Dr Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. L. Allen Coroner M. D.

(Address) 807 Fidelity Bldg

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 39442

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39442

CERTIFICATE OF DEATH 26868--CM

20-5 V 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Beutelspacher

If U. S. Veteran specify WAR

(a) Residence: No. 2411 Christian St., St., 20 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) 9-11-1894 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME David Gloag

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Mamie Yetsman

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Sept. 27-37

19. UNDERTAKER F. B. Tippett & Son

(Address) 1300 Eutaw & Laer

20. FILED SEP 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 24 1937

22. I HEREBY CERTIFY, That I attended deceased from September 22, 1937, to September 24, 1937

I last saw her alive on September 24, 1937. Death is said to have occurred on the date stated above, at 3:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	May 1937
Other contributory causes of importance: Cerebral hemorrhage	9-23-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. de Sautelle, M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39443

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39443

V 26734--EF

CERTIFICATE OF DEATH

26-1348-133

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., ... Ward)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Zorn

If U. S. Veteran specify WAR .....

(a) Residence: No. 3218 Eastern Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-8-1885

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	52	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. owned pet shop

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... 10 yrs

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Laurence Zorn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Rumling

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Sept 28 37

19. UNDERTAKER Tilly & Weisheim
(Address) 432 S. Stricker St.

20. FILED SEP 27 1937 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-24, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-16, 1937 to 9-24, 1937

I last saw him alive on 9-24, 1937 Death is said to have occurred on the date stated above, at 5:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydronephrosis	four weeks
Toxemia from kidney infection	four weeks
Other contributory causes of importance:	over

Was an operation performed? Yes Date of 9/21/37

For what disease or injury? .....

Name of operation Ureteral catheterization

What test confirmed diagnosis Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Lt. Woodward Jr., M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

39444

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39444

CERTIFICATE OF DEATH

26-1131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. BALTO. CITY HOSP St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME CHARELS TRENKA

If U. S. Veteran specify WAR

(a) Residence: No. 331 S. NEWKIRK.ST. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of FRANCIS TRENKA

6. DATE OF BIRTH (month, day, year) SEPT. 12/ 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABORER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year) Not Working

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) AUSTRIA

FATHER

13. NAME PAUL TRENKA

14. BIRTHPLACE (city or town) (State or country) AUSTRIA

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) AUSTRIA

17. INFORMANT MICHAEL TRENKA (SON)

(Address) 331 S. NEWKIRK ST.

18. BURIAL, CREMATION, OR REMOVAL

Place CEDER HILL Date SEPT. 28 37

19. UNDERTAKER Lilly & Zeilenbach

(Address) 403 S. WOLFE ST

20. FILED 19 Registrar

SEP 27 1937 Huntington Lilly & Wm., Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24. 1937

22. I HEREBY CERTIFY, That I last attended the deceased from Inquiry to Inquiry (Inquest, Coroner's Inquiry) and that I have seen the body after death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Some time
Benign Prostate Hypertrophy	Some time

Other contributory causes of importance:

Was an operation performed? Date

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39445

F 39445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓108

20-3

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 604 Glenolden Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 11 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wenonah Beck

If U. S. Veteran specify WAR

(a) Residence: No. 2037 Hollins St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Frederick Beck

6. DATE OF BIRTH (month, day, year) Oct 26 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Harrison Wain

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Emily Jane Rumney

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT John A. Beck

(Address) 3924 Dolfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date Sept 29 19 37

19. UNDERTAKER Henry T. Tennant

(Address) 4204 Ridgewood Ave

20. FILED Sept 27 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23 19 37 to Sept 26 19 37

I last saw h[illegible] alive on Sept 26 19 37 Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	9/24/37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Homer C. Todd M. D.

(Address) 735 N. Fulton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39446 — CERTIFICATE OF DEATH — F 39446

2-3 V 23

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Beatrice Niemiera (19220) If U. S. Veteran specify WAR

(a) Residence: No. 1736 Lancaster Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 18, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packing Vegetables

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W&R

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME Mary Phillips

16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Sept. 28 19 37

19. UNDERTAKER Fredk. W. Agnew
(Address) 1930 Eastern Ave

[illegible] 19 Registered by

SEP 27 1937 Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 24, 1937

22. I HEREBY CERTIFY That I attended deceased from December 4, 1936 to Sept. 24, 1937

I last saw her alive on Sept. 24, 1937 Death is said to have occurred on the date stated above, at 12:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs.	Sept 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) William A. Cassidy M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39447

CERTIFICATE OF DEATH

12-1 ✓ 131 F 39447

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3908 Canterbury Road St., ... Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frances S. Rife

If U.S. Veteran specify WAR .....

(a) Residence: No. 3908 Canterbury Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George W. Rife

6. DATE OF BIRTH (month, day, year) October 17, 1861

7. AGE	Years	Months	Days	If LESS than 1 day.. hrs. or min.
	75	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, saw(r), bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

FATHER

13. NAME William Stephenson

14. BIRTHPLACE (city or town) (State or country) London England

MOTHER

15. MAIDEN NAME Sarah Latham

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mr. George W. Rife
(Address) 3908 Canterbury Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Sept. 28 1937

19. UNDERTAKER Dorsey (or)
(Address) 1003 W. Baltimore St.

SEP 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 4th 1937 to Sept 26th 1937
I last saw her alive on Sept. 26th 1937. Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Uremic Asphyxia	
Other contributory causes of importance:	
Pulmonary Oedema	

Was an operation performed? No Date of None

For what disease or injury? None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wilbur Buck M. D.

(Address) 2844 St. Paul St.

Info. relative thereto should be carefully supplied. Age should be stated in years and fractions. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 335
F 39448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B F 39448

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herbert Frizzell

If U. S. Veteran specify WAR

(a) Residence: No. Upper Fairmount St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/26/85

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paperhanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mills

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME J. Franklin Frizzell

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emma F Hull

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mount Olivet Date Sept 28 1937

19. UNDERTAKER Abel H Cook (Address) 1603 W. Baltimore St.

20. FILED SEP 27 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25. 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 1937 to Sept 25 1937

I last saw him alive on Sept 25, 1937, Death is said to have occurred on the date stated above, at 1220 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9-20-37
paraplegia	9-3-37
Ca of lung.	

Other contributory causes of importance:

Was an operation performed? None Date of 9-23-37

For what disease or injury? paraplegia - Ca of lung

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John G. Luetscher, Jr. M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-9-492-a F 39449

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 26 S. Mount St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence In city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alvey Umstead Day

If U.S. Veteran specify WAR ...

(a) Residence: No. 26 S. Mount St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Florence Ives Day

6. DATE OF BIRTH (month, day, year) August 29, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	-	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. L. Day's Sons

10. Date deceased last worked at this occupation (month and year) June 1936

11. Total time (years) spent in this occupation 47 yrs

12. BIRTHPLACE (city or town) (State or country) New London Maryland

FATHER

13. NAME Madison L. Day

14. BIRTHPLACE (city or town) (State or country) Browningsville Maryland

MOTHER

15. MAIDEN NAME Fannie E. Miles

16. BIRTHPLACE (city or town) (State or country) Montgomery County Maryland

17. INFORMANT Mr. Herbert M. Day

(Address) 3806 Woodbine Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Sept. 28, 1937

19. UNDERTAKER Joseph Cook

(Address) 1003 W. Baltimore St.

19. FILED ..... 19 ..... Registrar

SEP 27 1937

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/12/37, 19.. to 9/25/37, 19.. I last saw him alive on 9/25/37, 19.. Death is said to have occurred on the date stated above, at 7.25A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis with mitral stenosis	1912(?)
Cerebral Embolism and Thrombosis	9/22/37
Other contributory causes of importance: Chronic myocarditis with myocardial degeneration	?

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jesse M. Blumberg M. D.

(Address) 2000 Hollins St.

Information should be carefully supplied. AGE should be stated EXACTLY. If less than one year, state AGE in months, days or hours. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 39450

HEALTH DEPARTMENT—CITY OF BALTIMORE

39450

CERTIFICATE OF DEATH

18-2 √131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 N. Carey St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles R. Mosby

If U.S. Veteran specify WAR

(a) Residence: No. 519 N. Carey St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	Col.	Married.

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Ida Mosby

6. DATE OF BIRTH (month, day, year) May 21, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	0 4	0 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Virginia.

FATHER

13. NAME James Mosby

14. BIRTHPLACE (city or town) (State or country) Norfolk Va.

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ida Mosby

(Address) 519 N Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cem. Date 9/28/ 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 Chanda Street.

20. FILED SEP 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1937 to Sept 24, 1937

I last saw h alive on Sept 24, 1937 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Chronic interstitial nephritis	
(2) Hypertension	
Other contributory causes of importance: Acute myocarditis	

Was an operation performed? Ns. Date of

For what disease or injury?

What test confirmed diagnosis Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Ns. If so, specify

(Signed) Charles S. Kerstodt, M. D.

(Address) 1730 Linden Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 39451

39451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

Registered No. K 4-2 157-C

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Smith

(a) Residence: No. Union Bridge, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male | 4. Color or Race: colored | 5. Single, Married, Widowed, or Divorced (write the word): infant

5a. If married, widowed, or divorced: HUSBAND of / (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug 20, 1937

7. AGE — Years | Months: 1 | Days: 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Henry Clay Smith

14. BIRTHPLACE (city or town) (State or country): Frederick Co Md.

MOTHER

15. MAIDEN NAME: Fannie L. Millberg

16. BIRTHPLACE (city or town) (State or country): Frederick Co. Md

17. INFORMANT: Henry Clay Smith
(Address): Union Bridge, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Lebanon Colonial Cem. Date: Sept. 29, 1937

19. UNDERTAKER: D. D. Hartle & Sons
(Address): Union Bridge, Md.

20. FILED: SEP 27 1937 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1937 to Sept 27, 1937

I last saw him alive on Sept 27, 1937 Death is said to have occurred on the date stated above, at 7.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Cardiac Anomaly	
Asphyxia	Sept 9
Pneumonia	Sept 27

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? E.K.G. Physical Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) A. Boylston Jr., M. D.

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 27 1937

6 14.

39452

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39452

CERTIFICATE OF DEATH

4-2125-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 0 ds. How long in U. S. If of foreign birth? 28 yrs. 6 mos. 17 ds.

2. FULL NAME Herschell Leverett No War Service

(a) Residence: No. 1928 Linden Ave. vicinity St., Ward. probably, Laurel, Miss.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie Mae Leverett

6. DATE OF BIRTH (month, day, year) March-9-1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Photographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Photography

10. Date deceased last worked at this occupation (month and year) About Sept 15 37

11. Total time (years) spent in this occupation 5 yrs.

12. BIRTHPLACE (city or town) (State or country) Lymans Mississippi

FATHER

13. NAME Amonett Leverett

14. BIRTHPLACE (city or town) (State or country) Hickory Mississippi

MOTHER

15. MAIDEN NAME Carrie Lee Barton

16. BIRTHPLACE (city or town) (State or country) Weston Mississippi

17. INFORMANT Mr. Lloyd Leverett (Brother)

(Address) 1928 Linden Ave. City.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel-Mississippi Date Sept 27. 1937

19. UNDERTAKER Stewart & Mowen Company

(Address) 108 W. North Avenue

FILED SEP 27 1937 19 Registrar

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23 1937 to Sept. 26 1937

I last saw him alive on Sept 26 1937 Death is said to have occurred on the date stated above, at 3 45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic Hepatitis (unknown Etiology)	9/20/37

Other contributory causes of importance:

Terminal uremia (no previous kidney disease known of)

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Autopsy? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Morris J. Nicholson, M. D.

(Address) University Hosp

Information should be carefully supplied. Any statement that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39153

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39153

CERTIFICATE OF DEATH

13-B

3-2

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa Vidi

If U. S. Veteran specify WAR

(a) Residence: No. 911 Trinity St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4-28-30

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Lino Vidi

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Frida Vidi

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept 28, 1937

19. UNDERTAKER Frank C. Pipitone

(Address) 2711 E. Baltimore St

FILED SEP 27 1937 Registrar

Huntington Avenue NT

3 15

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Sept 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1937 to Sept 24, 1937

I last saw her alive on Sept 24, 1937 Death is said to have occurred on the date stated above, at 6.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery, bacillary.	Sept 22
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm C Lepherge, M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39454

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39454

CERTIFICATE OF DEATH

✓ 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jane Estelle Griggs

if U. S. Veteran specify WAR .....

(a) Residence: No. Granite, Md St., ... Ward. Balto. Co.,

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 25, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	11 10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Granite Md

FATHER

13. NAME Elizabeth Griggs

14. BIRTHPLACE (city or town) (State or country) Granite Md

MOTHER

15. MAIDEN NAME Maud Helen Gaines

16. BIRTHPLACE (city or town) (State or country) McDonough Md

17. INFORMANT Milton Gaines

(Address) Milton Granite, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Granite Md. Balto Co. Date Sept 27, 1937

19. UNDERTAKER Archibald L. Gaddis

(Address) 401 N. Eutaw St.

20. FILED SEP 28 1937 Huntington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9. 26. 1937

22. I HEREBY CERTIFY, That I attended deceased from 9. 6. 1937 to 9. 26. 1937

I last saw her alive on 9. 26. 1937 Death is said to have occurred on the date stated above, at 12 20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute gastro-intestinal indigestion (summer diarrhea)	8. 31. 37
Other contributory causes of importance: none	

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? clinical + laboratory Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) James D. Carr M. D.

(Address) 515 Mosher St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V6 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

39455 F 39455

CERTIFICATE OF DEATH

34-94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 12-7 Ward)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran give WAR No Record

2. FULL NAME Charles Burger

(a) Residence: No. 2149 Huntingdon St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Burger

6. DATE OF BIRTH (month, day, year) March 8, 1888

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
49	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transfer Business None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0045

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Hagerstown, Md

FATHER

13. NAME Adam Burger

14. BIRTHPLACE (city or town) (State or country) Hagerstown, Md

MOTHER

15. MAIDEN NAME Minnie Carman

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT wife (Address) 2149 Huntingdon

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Sept 29-1937

19. UNDERTAKER William Cook (Address) 1217 E. Paul St.

20. FILED SEP 28 1937 Registrar. Huntingdon Pharmacy, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 14 1937 to September 27 1937

I last saw him alive on September 27, 1937 Death is said to have occurred on the date stated above, at 1:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	9-26-1937
Pulmonary Edema	9-26-37
Syphilis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard H. Winbrow Jr. M. D.

(Address) Mercy Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. FRACTIONS should not be used. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

39456

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39456

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 Lyman Ave St., 7 Ward) 7th

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eleanora Hart

If U.S. Veteran specify WAR No Record

(a) Residence: No. 411 Lyman Ave St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, ~~Divorced~~ (write the word): Widowed

3a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of: George W. Hart

6. DATE OF BIRTH (month, day, year): Dec 24th 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Redbank N.J.

FATHER

13. NAME: Bradford Sickles

14. BIRTHPLACE (city or town) (State or country): Redbank N.J.

MOTHER

15. MAIDEN NAME: Sarah Gregg

16. BIRTHPLACE (city or town) (State or country): Redbank N.J.

17. INFORMANT: Isadore V. Hart

(Address) 411 Lyman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 28th 1937

19. UNDERTAKER: Wm Cook

(Address) 1217 St. Paul st

SEP 28 1937 Huntington Ave Registrar

Exempt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 25th 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 22 1937 to Sept 25th 1937

I last saw h.. alive on Sept 25 9 am 1937. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

acute nephritis — Date of onset 9/21/37

Other contributory causes of importance:

Uremia + senility — over

Was an operation performed? no — Date of .....

For what disease or injury? .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lyman Abbott, M. D.

(Address) 3939 Greenmount

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

39457

HEALTH DEPARTMENT—CITY OF BALTIMORE

39457

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 N. Eden St. 10-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Caroline Holzner

If U. S. Veteran specify WAR .....

(a) Residence: No. 919 N. Eden St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 12-1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Co. (State or country)

FATHER

13. NAME Charles Holzner

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Madgelene Kraus

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Minnie Holzner

(Address) 919 N. Eden St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park. Date Sept 29. 1937

19. UNDERTAKER George W. Zirker

(Address) 1727 E. Fayette St.

20. FILED ..... 19..... [illegible] Registrar.

SEP 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1937 to Sept. 26, 1937.

I last saw h[illegible] alive on Sept. 25, 1937, Death is said to have occurred on the date stated above, at 6-30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis with Hypertension	
Hemiplegia	9/22
Other contributory causes of importance:	
Bronchial Pneumonia	9/23

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) S. Littman, M. D.

(Address) 1304 E. Chase St.

Information should be carefully supplied. Any Blanks not filled in will delay issuance of Burial Permit. Please state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 29158

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 29158

CERTIFICATE OF DEATH

27-1-24

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Johnson

(a) Residence: No. 431 Hutchins Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 2, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Cathel Johnson

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Ethel Johnson

(Address) 431 Hutchins Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9/27 19 37

19. UNDERTAKER Thomas E. Nelson

(Address) 1332 Pleasant St

20. FILED SEP 28 1937 Huntington, West Virginia, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1937 to Sept 25 1937

I last saw him alive on Sept 23 1937 Death is said to have occurred on the date stated above, at 11 30 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	
a Probable	
Other **contributory causes** of importance:	
a Terminal Pneumonia	

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Spinal tap Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Moses J. Richardson M. D.

(Address) University Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39459 CERTIFICATE OF DEATH 21-2953 F 39459

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1153 W. Hamburg St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Flora E. Byron

If U. S. Veteran specify WAR

(a) Residence: No. 1153 W. Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wife

6. DATE OF BIRTH (month, day, year) Nov 6. 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanover Pa

FATHER

13. NAME Louis Wm Byron

14. BIRTHPLACE (city or town) (State or country) Hanover Pa

MOTHER

15. MAIDEN NAME Elizabeth Snyder

16. BIRTHPLACE (city or town) (State or country) Hanover Pa

17. INFORMANT Louis Byron.
(Address) 1153 W Hamburg st

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Sept. 29 37

19. UNDERTAKER Ambrose Inc.
(Address) 1017 W Cross st

Huntington Williams M.D.
(Registrar)

SEP 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1937

I HEREBY CERTIFY, That I attended deceased from Jan 1 1937 to Sept 26, 1937

I last saw her alive on Sept 26, 1937. Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart disease Ventricular Fibrillation	
Other contributory causes of importance: Old Hemiplegic	

Was an operation performed? Nex Date of

For what disease or injury?

Name of operation Cystic Findings

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Louis Clark M. D.

(Address) 76 W Colvert St

Information should be carefully supplied. Any doubtful statement should be explained. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39460

CERTIFICATE OF DEATH

20-5 95-B F 39460

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2124 Eagle St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stanley W. Reigle

If U. S. Veteran specify WAR

(a) Residence: No. 2124 Eagle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 20, 1924

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Franklin P. Reigle

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Gertrude Redmiles

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Gertrude Reigle

(Address) 2124 Eagle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Bethel, Long Island Date Sept. 30 1937

19. UNDERTAKER Ambrose Nice

(Address) 1017 W. Lanvale St.

20. FILED Huntington Williams M.D.

SEP 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1937 to Sept 26, 1937

I last saw him alive on Sept 26, 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Albert Scarpetta, M. D.

(Address) 1729 W. Lombard St.

Information should be carefully supplied. Any blanks not answered will delay burial. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39461

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39461

20-4144-B-108

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 119 S. Calvert Road St. 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M. Gallion

If U. S. Veteran specify WAR

(a) Residence: No. 119 S. Calvert Road 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aline F. Gallion

6. DATE OF BIRTH (month, day, year) May 13, 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Louis Buhlmann

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Barbara Fairchild

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Dr. Aline F. Gallion
(Address) 119 S. Calvert Road

18. BURIAL, CREMATION, OR REMOVAL.
Place Loudon Park, Date Sept 29, 37

19. UNDERTAKER H. R. Nugent & Son
(Address) 1300 Eutaw Place

20. FILED SEP 28 1937 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1937 to Sept 27, 1937

I last saw her alive on Sept 26, 1937 Death is said to have occurred on the date stated above, at 8:25 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Sept 25 1937
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury. 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Thomas R. Mercer M. D.

(Address) 1943 N. Charles St

Information should be carefully supplied. AGE should be given for infants. Fill in all items. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

39462 39462

CERTIFICATE OF DEATH

20-3 46-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2005 Hollins St., 20 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Josephine Randle

If U. S. Veteran specify WAR —

(a) Residence: No. 2005 Hollins St St., 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of William H. Randle

6. DATE OF BIRTH (month, day, year) Sept 6 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	-	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Abacow Ancon Jersey

FATHER

13. NAME E Applebey

14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Ca

17. INFORMANT Lydia T. Meyers

(Address) 2005 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 28, 37

19. UNDERTAKER J. B. Siffert & Son

(Address) 2004 Pennsylvania Ave

20. FILED SEP 28 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 26 1937 to Sept 25 1937

I last saw her alive on Sept 24 1937 Death is said to have occurred on the date stated above, at 1:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	
Other contributory causes of importance: —	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward F. Meyers, M. D.

(Address) 682 Washington Blvd

Information should be carefully supplied. Age should be stated EXACTLY. If unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39463

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39463

CERTIFICATE OF DEATH

20-8 93-C

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7a yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herbert C. Batts

If U. S. Veteran specify WAR .....

(a) Residence: No. 3358 Strickland St., 25 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah F. Batts

6. DATE OF BIRTH (month, day, year) April 27 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Harford County Maryland

FATHER

13. NAME John Batts

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Keener

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Wm. F. B. Stappert & Son

(Address) 100 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 29 '37

19. UNDERTAKER Wm. F. B. Stappert's Son

(Address) 100 Eutaw Place

20. FILED SEP 28 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) died that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. Mencken, M. D.

Coroner

(Address) 3757 W. Monument

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39464

CERTIFICATE OF DEATH

F 39464

1. PLACE OF DEATH Saint Agnes Hosp 210-N Caton Ave
CITY OF BALTIMORE: (No. 2252 St., Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Karolis Waitekunas
If U. S. Veteran specify WAR
(a) Residence: No. 716 Portland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE Veronica Waitekunas

6. DATE OF BIRTH (month, day, year) 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER
13. NAME Pete Waitekunas
14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Alexie Waitekunas
(Address) 716 Portland Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 29, 1937

19. UNDERTAKER Chas B. Kuchauskas
(Address) 632 S. Paca St

20. FILED SEP 30 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Sept 26, 1937
Where did injury occur? Belair Road and Forest Park Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Highway
Manner of injury Jumped from car to road
Nature of injury Struck & stuck by on coming automobile

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hubert Hurley Coroner M. D.
(Address) 907 N. Charles Street

VS 6

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39465

CERTIFICATE OF DEATH

F 39465

28-153-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marshall Futterering

(a) Residence: No. 3719 Hillsdale Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 22, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Albert Lee Futterering

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Fannie E. Marshall

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Mrs. F. E. Kerthaer
(Address) 3719 Hillsdale Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Sept 30, 1937

19. UNDERTAKER Wm. J. Eskew & Sons
(Address) North & Pa. Ave.

SEP 28 1937 Huntington Filed Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1937 to Sept 27, 1937

I last saw h[illegible] alive on Sept 24, 1937 Death is said to have occurred on the date stated above, at 4:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystic Glioma of 3rd Ventricle	1928

Other contributory causes of importance:

Was an operation performed? Yes Date of Sept 26, 1937

For what disease or injury? Brain tumor

What test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. S. Owens M. D.

(Address) University Hospital Balt.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39466 — CERTIFICATE OF DEATH 26936 (59) — F 39466

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Strauss — If U. S. Veteran specify WAR

(a) Residence: No. 721 W. Barre St. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Modessa Strauss

6. DATE OF BIRTH (month, day, year) 12/19/1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired ~~Unknown~~ Post Office

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electrician

10. Date deceased last worked at this occupation (month and year) 1930 | 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Maryland Baltimore, Md

FATHER

13. NAME George Strauss

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rozena ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL — Place London Park Date Sept 28, 37

19. UNDERTAKER Wm. J. Tuckman & Son (Address) North Ave.

SEP 28 1937 Huntingtown Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/24/37, 1937 to 9/26, 1937

I last saw him alive on 9/26, 1937. Death is said to have occurred on the date stated above, at 5:15 A.m.

The principal cause of death and related causes of importance were as follows:

Cardiac failure as result hypertensive cardio vascular disease — Date of onset 9/25/37 — 12 hrs. duration

Other contributory causes of importance:

diabetes Mellitus - Diabetic gangrene

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. C. Brantigan M. D.

(Address) Baltimore City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39467

CERTIFICATE OF DEATH

50 F 39467

1. PLACE OF DEATH Maryland Gen'l Hosp 15-4

Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 6 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Julia B. Olmstead

If U. S. Veteran specify WAR

(a) Residence: No. 2004 Whittier Av. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. T. D. Olmstead

6. DATE OF BIRTH (month, day, year) Feb 28-1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm. Joseph Bland

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mrs. Mellison Fletcher

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Sept 28 37

19. UNDERTAKER Wm J. Fitzpatrick & Sons

(Address) Mt Olivet

20. FILED SEP 28 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-2-37, 19.., to 9-26-37, 19..

I last saw her alive on 9-26-37, 19.. Death is said to have occurred on the date stated above, at 12.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
① Primary Ca- Breast	
② generalized Carcinomatosis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Jerome Feldman, M. D.

(Address) Maryland Gen'l Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39468

CERTIFICATE OF DEATH

16-2 182c

F 39468

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospitals St., Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Williams

(a) Residence: No. 626 N. Carey St. (Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Williams

6. DATE OF BIRTH (month, day, year) May 10, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Hezekiah Williams

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Harriet Walker

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mary Williams

(Address) 626 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Memorial Park Date Sept 28 1937

19. UNDERTAKER Joseph A. Lucky

(Address) 1521 Mount Street

FILED 19 Registered No.

SEP 28 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suffocation	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date Sept. 25, 1937

Where did injury occur? Leadenhall St. Balto. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry (Gas Plant)

Manner of injury Fell in coal hopper

Nature of injury Suffocation

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Fell while working

(Signed) H. C. Feldmeier M. D. Coroner

(Address) 3757 W. North Ave

N.B.—While all items should be carefully supplied, AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39469

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39469

CERTIFICATE OF DEATH

23-123

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Raymond Green (22989)

If U. S. Veteran specify WAR

(a) Residence: No. 917 S. Sharp St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Winnie

6. DATE OF BIRTH (month, day, year) January 3, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Bob

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Henrietta ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Ch Date Sept 28 1937

19. UNDERTAKER Isaiah L Brownson

(Address) 108 W Montgomery St.

20. FILED SEP 28 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1937 to Sept. 24, 1937

I last saw him alive on Sept. 24, 1937. Death is said to have occurred on the date stated above, at 9:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Larynx	Feb 1937
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William A Cassidy M.D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39470

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39470

CERTIFICATE OF DEATH

26-Y-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9da. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vernon McCollum (25602)

If U. S. Veteran specify WAR

(a) Residence: No. Transit St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martha

6. DATE OF BIRTH (month, day, year) Sept. 6, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga.

FATHER

13. NAME Jim

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Jane ?

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date SEP 28 1937 19

COMMISSIONER OF HEALTH

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED SEP 28 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 5, 1937 to Sept. 21, 1937

I last saw him alive on Sept. 21, 1937 Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Lungs	Two yrs. ago

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EP 28 1937

3515 H

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39471

CERTIFICATE OF DEATH

✓ 131 F 39471

1. PLACE OF DEATH Church Home & Infirmary 27-2

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Leonard Schoenberger

If U. S. Veteran specify WAR .....

(a) Residence: No. 3022 Lora Lane St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leonard Schoenberger

6. DATE OF BIRTH (month, day, year) Feb. 28, 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Richard Flournoy

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Ella L. Barker

16. BIRTHPLACE (city or town) (State or country) Alaska.

17. INFORMANT Ella L. Robier

(Address) 1032 E. Eutaw Pl. Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 9/30 1937

19. UNDERTAKER Richard F. Curley F.D. Inc.

(Address) 1002 N. Monroe St.

Huntington Williams, M.D.

SEP 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/27/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/1/37, 19 .... to 9/27/37, 19 ....

I last saw h.... alive on 9/27/37, 19 .... Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Hypertension c.v. Disease	Jan 1937

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hugh C. Degenfelder, M. D.

(Address) Church Home & Infirmary

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39472

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39472

CERTIFICATE OF DEATH

9-82-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2104 HARFORD ROAD St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME MARY B HALL

If U. S. Veteran specify WAR

(a) Residence: No. 2104 HARFORD ROAD St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of JAMES M HALL

6. DATE OF BIRTH (month, day, year) AUGUST 26 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50		30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE 8 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO MD

FATHER

13. NAME SAMUEL H CRAIG

14. BIRTHPLACE (city or town) (State or country) BALTO MD

MOTHER

15. MAIDEN NAME MARGARET MC DONALL

16. BIRTHPLACE (city or town) (State or country) IRELAND

17. INFORMANT JAMES M HALL (husband)
(Address) 2104 HARFORD ROAD

18. BURIAL, CREMATION, OR REMOVAL
Place NEW CATHEDRAL Date SEPT 29 1937

19. UNDERTAKER Lilly & Zeller
(Address) 1033 E Baltimore St.

20. FILED ... 19 ... Registrar

SEP 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEPT 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/20/37 to 9/25/37

I last saw h[illegible] alive on 9/25/37. Death is said to have occurred on the date stated above, at 10 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	9/20/37
Other contributory causes of importance: Pulmonary oedema	9/24/37
Cardiac stopping	

Was an operation performed? ... Date of ...

For what disease or injury? None

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Hen[illegible] Lawder M. D.

(Address) 1517 E Monument

F 39473

F 39473 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 244 S. Eden St. 3-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 46 mos. How long in U. S. If of foreign birth? 46 yrs. ..... mos. ..... ds.

2. FULL NAME Morris J. Carmel

If U. S. Veteran specify WAR .....

(a) Residence: No. 247 S. Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella

6. DATE OF BIRTH (month, day, year) 1837

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
98			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. owner dairy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Carmel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hattie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT E. J. Hackerman

(Address) 2464 Lakeview Ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew Neshat Hom Va. 9/29/37
Date

19. UNDERTAKER Jack Lewis Sons

(Address) 1439 E. Baltimore St

20. FILED SEP 29 1937 Hamilton Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-28-37, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1937, to Sept 28, 1937

I last saw h... alive on Sept 25, 1937. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	Sept 28 1937

Other contributory causes of importance:

Chronic Myocardial Failure
Hypertrophy Cirrhosis Liver

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) S. L. Feldman, M. D.

(Address) 1440 E Balto St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP

14

F 39474

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39474

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2302 Penna. Ave. St. 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William George Homburg

If U. S. Veteran specify WAR .....

(a) Residence: No. 2302 Penna. Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Mary Anna Homburg

6. DATE OF BIRTH (month, day, year) Jan. 20-1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66.	8.	6.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice Dealer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Wm. Albert Homburg

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Anna Christina Hockel

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Marie Horsuch

(Address) 2302 Penna. Ave.

18. BURIAL, CREMATION, OR REMOVAL Place London PK Date Sept 29 1937

19. UNDERTAKER Mamie Syfer

(Address) 1600 W. Norvel Ave

SEP 28 1937

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26th 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25th 1937 to Sept. 26th 1937

I last saw him alive on Sept. 26th 1937 Death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	3
	1

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert C. Reitz M. D.

(Address) 2245 Reisterstown Rd. Balto. Md.

X-RAY—WRITE PLAINLY. Use pen and ink. Do not use pencil. Fill in all items. Any information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39475

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39475

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Mem. Hospital 86-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 25 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Fredrick J. March

(a) Residence: No. 1514 Poplar Land St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Margaret Finger March

6. DATE OF BIRTH (month, day, year) Apr. 25, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Weigh master

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2086

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME Fredrick March

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Barbara Schmidt

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Margaret March (Address) 1514 Poplar Land St.

18. BURIAL, CREMATION, OR REMOVAL Place St. Louis, Mo. Date 9/28 1937

19. UNDERTAKER E. J. Fanning & Son (Address) 1935 E. Lafayette Ave

Filed , 19 Registrar

SEP 28 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anemia (secondary)	9/26
Other contributory causes of importance: Injury to Rt. leg.	7/27/37

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Autopsy Was an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? acc Date of injury 19

Where did injury occur? At home Fell down steps (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Fall on steps (

Nature of injury Contusion of Rt leg

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Haas M. D.

Coroner

(Address) Coroner

N. B.—WRITE PLAINLY, WITH INK—THIS IS A LEGAL RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39476

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39476

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens and Caton Ave St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 10 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Marie Catherine Collins

If U. S. Veteran specify WAR .....

(a) Residence: No. 1934 Christian St., Ward. 20-3

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 17, 1937.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph Collins

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Etna Warner

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Joseph Collins

(Address) 1934 Christian St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Cathedral Date 9/29, 1937

19. UNDERTAKER Harry F. Tuttle

(Address) 4101 Edmondson ave

20. FILED SEP 29 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) September 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 20, 1937, to September 22, 1937

I last saw h.e.y. alive on September 20, 1937. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Fermentative Diarrhea	
c Marked Dehydration	9-15-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autop Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L J Shimanek, M. D.

(Address) St Agnes Hospital

N. B.—WRITE PLAINLY, WITH PENCIL OR PEN AND INK. A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39477

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39477

Registered No. 1877

1. PLACE OF DEATH Baltimore City Hospital, 186-a

CITY OF BALTIMORE: (No. Bay View St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Heinzenbergen

If U. S. Veteran specify WAR

(a) Residence: No. 820 Dover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married Separated

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Louise Heinzenberger

6. DATE OF BIRTH (month, day, year) Feb 27 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept 27 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Conrad Heinzenberger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Oswald

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Katherine Rice (Sister)

(Address) 3220 Greenmount Ave

18. BURIAL, CREMATION OR REMOVAL

Place Loudon Park Date Sept 29 1937

19. UNDERTAKER Henry A. Wiskes

(Address) 718 Edmondson Ave

20. FILED SEP 29 1937 Lucien Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	53 Years
Fall due to Cerebral hemorrhage (C.E. Apoplexy)	Sept 27-1937

Other contributory causes of importance:

Fell against Wall outside his home

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 27, 1937

Where did injury occur? Front of 1871 Dover St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Outside of Home

Manner of injury Fell against Wall

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

M. D. (Signed) Chas. W. Wood, Coroner, M. D.

(Address) 1712 N. Broadway

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 6 6

F 39478

F 39478 / 33478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL 5-1 Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elijah Smith

If U. S. Veteran specify WAR

(a) Residence: No. 424 Lewis St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-5-90

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME Spence

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Mariah Menifee

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

JOHNS HOPKINS MEDICAL SCHOOL SEP 28 1937

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

EP 28 1937 H. A. Williams, Registrar

3516 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept-7, 1937, to Sept 19, 1937

I last saw him alive on Sept-19, 1937. Death is said to have occurred on the date stated above, at 6.35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia & pericarditis due to nephritis	none
Other contributory causes of importance: Hypertensive cardiovascular disease	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Walter B. Buck, M. D.

(Address) Johns Hopkins

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39479

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL X 7-5-51-C

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Olevich

If U. S. Veteran specify WAR .....

(a) Residence: No. Archwood ave St., ... Ward. Woodlawn Hts and Co

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Widowed

5a. If married, widowed, ~~or divorced~~ HUSBAND of (or ~~WIFE of~~) Grace -

6. DATE OF BIRTH (month, day, year) 3-18-82

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lithunia

FATHER

13. NAME Joseph Olevich

14. BIRTHPLACE (city or town) (State or country) Lithunia

MOTHER

15. MAIDEN NAME Julia ?

16. BIRTHPLACE (city or town) (State or country) Lithunia

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 30, 1937

19. UNDERTAKER John A. Inman

(Address) 3000 E. Dallas St.

20. FILED SEP 29 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1937 to Sept 27, 1937

I last saw him alive on Sept 27, 1937. Death is said to have occurred on the date stated above, at 2.00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate - metastasis to spine and lymph glands	[illegible]
Arteriosclerotic Cardiovascular renal disease	Indef.

Other contributory causes of importance:

Uremia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. Brennan, M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, with unfading ink—THIS IS A LEGAL DOCUMENT. ANSWER ALL QUESTIONS. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39480

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39480

CERTIFICATE OF DEATH

146-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. 9-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Reginald Stembridge

If U. S. Veteran specify WAR

(a) Residence: No. 2101 Lake Ave. City St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary H. Stembridge

6. DATE OF BIRTH (month, day, year) Sept. 11 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Reeder & Sons

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Henry Stembridge

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Augusta Goode

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. H. Elliott
(Address) 2101 Lake Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 9/29 1937

19. UNDERTAKER J. F. McCully
(Address) 130 E. Fort Ave.

20. FILED 19 Registrar.

SEP 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1936 to Sept. 26, 1937

I last saw him alive on Sept 24, 1937 Death is said to have occurred on the date stated above, at 12:05 p.m.

The principal cause of death and related causes of importance were as follows:

Primary Cancinoma of Gall Bladder with extensive metastases. — Date of onset 10/20/36

Other contributory causes of importance:

Senility

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, state how

(Signed) Robert H. Ivy M. D.

(Address) Union Memorial Hospital

A. B. C. Write plainly with pen and ink. Use no abbreviations. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39481 5169

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39481

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 136 St., 18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hesd Eberg

If U. S. Veteran specify WAR .....

(a) Residence: No. 706 W 33rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) 12/20/85

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Theodore Eberg

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Alice ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Cardbaltoy to Greenmount Date Sept 29 1937

19. UNDERTAKER Chas. Sumwalt & Son

(Address) 3615 Chestnut Ave

20. FILED SEP 28 1937 19 ..... Registrar. Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1937 to Sept 26, 1937

I last saw h— alive on Sept 25, 1937. Death is said to have occurred on the date stated above, at —— m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	Sept. 25, '37
Other contributory causes of importance: Diabetes mellitus	1934

Was an operation performed? No Date of ——

For what disease or injury? ——

Name of operation ——

What test confirmed diagnosis? Bacteria Found Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

Witness, M.D. Edgar A. Luetscher, jr. M. D.

(Address) Johns Hopkins Hospital

N. B.—WHITE PLAINLY, WITH PEN AND INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 26758--EF

F 39482

13-b 145-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cletus Brown

If U. S. Veteran specify WAR

(a) Residence: No. 3543 Chestnut Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Roland Brown

6. DATE OF BIRTH (month, day, year) 2-17-1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mkf.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (None)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Alvin Miller

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Jane Baxley

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Woodland Memorial Park Sept 30 1937

19. UNDERTAKER Chenoweth Bros
(Address) 3615-17 Shannon Ave

20. FILED SEP 28 1937 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 9-27-1937

22. I HEREBY CERTIFY, That I attended deceased from 9-17-1937 to 9-27-1937

I last saw her alive on 9-26-1937 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal sepsis	3 weeks
Septicemia	1 week

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

N. B.—WRITE PLAINLY, WITH LEAD PENCIL OR PEN AND INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39483

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39483

CERTIFICATE OF DEATH

94-a

24-3

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1024 William St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret M. Streckfus

If U. S. Veteran specify WAR

(a) Residence: No. 1024 William St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 26, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME John Streckfus

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Mary S. Merritt

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Miss Genevieve Streckfus

(Address) 1024 William St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem, Date Sept. 29, 1937

19. UNDERTAKER Margaret J. Flynn

(Address) 1255 Light St.

20. FILED Sept 28 1937

P 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1937 to Sept 26, 1937

I last saw h[illegible] alive on Sept 25, 1937. Death is said to have occurred on the date stated above, at 11:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	4 mos

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) G J Mella M. D.

(Address) 1279 Williams

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39484

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39484

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 2612 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Andrew Donder

If U. S. Veteran specify WAR

(a) Residence: No. B. C. H. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-10-1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Casper

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) B. C. H. Records

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 9/28/37

19. UNDERTAKER John J. Fahey & Son
(Address) 131 S. Eighty St.

20. FILED SEP 28 1937 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 22, 1937, to September 26, 1937

I last saw him alive on September 26, 1937. Death is said to have occurred on the date stated above, at 6 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9-23-37

Other contributory causes of importance:
hypertensive heart disease unknown.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. R. de Santella M. D.
(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39485

F 33284

F 39485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7-5-51-C

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Juan Vidal

If U. S. Veteran specify WAR .....

(a) Residence: No. Mayaguez St., ... Ward. Puerto Rico

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced HUSBAND (or) WIFE of Leandra Vidal

6. DATE OF BIRTH (month, day, year) June 25 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods

10. Date deceased last worked at this occupation (month and year) 10 43

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Puerto Rico

FATHER

13. NAME Juan Vidal

14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER

15. MAIDEN NAME Rosaura Ropero

16. BIRTHPLACE (city or town) (State or country) Puerto Rico

17. INFORMANT Records

(Address) .....

18. BURIAL, CREMATION, REMOVAL Lochraven Cemetery

Place Puerto Rico Date Sept 28 1937

19. UNDERTAKER Chas F Cozens & Son

(Address) 118 W Mt Royal Ave

SEP 29 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28. 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1937, to Sept 28, 1937

I last saw him alive on Sept 28, 1937. Death is said to have occurred on the date stated above, at 1.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate with metastasis	2 y.
Lobular Pneumonia	

Other contributory causes of importance:

Arteriosclerosis & hypertension C.V. disease	1

Was an operation performed? Yes Date of 9-22-37

For what disease or injury? Ca of Prostate

Name of operation Transurethral Resection

What test confirmed diagnosis? Pathology Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carl E Buckland M. D.

(Address) J. H. H.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39486

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39486

CERTIFICATE OF DEATH

157-D

1. PLACE OF DEATH Maryland General Hospital 11-3

Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Roy Edward Walters

If U. S. Veteran specify WAR

(a) Residence: No. 108 W. Main St. St., ... Ward. Mechanicsburg, Penna.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 12, 1936

7. AGE	Years	Months 7	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	8 mos	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Roy E. Walters

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Valeria Hershman

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL,
Place Mechanicsburg Pa. Date Sept 29 1937

19. UNDERTAKER Young & Bankert Inc.
(Address) Mechanicsburg Pa.

SEP 29 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1937, to Sept. 28, 1937

I last saw h[illegible] alive on Sept. 28, 1937 Death is said to have occurred on the date stated above, at 9:50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cleft Palate	Birth
Other contributory causes of importance: Cardiac & Respiratory failure	9/28/37

Was an operation performed? Yes Date of 9/28/37

For what disease or injury? Cleft palate

Name of operation Staphylorraphy

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) C. P. Scarborough Jr. M. D.

(Address) Maryland Gen. Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39487

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10-175

F 39487

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 862 W. Baltimore, St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alvin J Kendall

If U. S. Veteran specify WAR .....

(a) Residence: No. 862 W. Baltimore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edna Kendall

6. DATE OF BIRTH (month, day, year) Nov. 19, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samual K. Kendall

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Isabel Bohman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mary C. Kendall

(Address) Waynesboro Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Hardaugh Cemetery Date Sept 30 1937

19. UNDERTAKER Walter G. Grove

(Address) Waynesboro Pa

20. FILED ..... 19 ..... Registrar.

SEP 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, state .....

(Signed) E. K. Coulson ..... M. D.

(Address) 2257 Eutaw

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

39488 — 59 — F 39488

Registered No.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 533 N Rose St St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret J Hartman

If U. S. Veteran specify WAR .....

(a) Residence: No. 533 N Rose St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 25 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Hartman

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Augusta Stenzell

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Miss Augusta Klein
(Address) 533 N Rose

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem Date Sept 29 19

19. UNDERTAKER John Ullrich
(Address) 1608 Odonnell St

20. FILED SEP 29 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-27-37

22. I HEREBY CERTIFY, That I attended deceased from 9-1-37 to 9-27-37

I last saw her alive on 9-27-37 Death is said to have occurred on the date stated above, at 12:05 m.

The principal cause of death and related causes of importance were as follows:

Diabetis Mycardetis — Date of onset about 2 wks ago

Other contributory causes of importance:

Nursing home

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fred Ruzicka M. D.

(Address) 100 N Baltimore Ave

9-28-37 LKG

F 39489

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39489

CERTIFICATE OF DEATH

9-7 ✓ 82-a

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2531 Garrett Ave. St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Otto F. Meyer

If U. S. Veteran specify WAR .....

(a) Residence: No. 2531 Garrett Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Wilhelmina Meyer

6. DATE OF BIRTH (month, day, year) November 14, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Max Hesselbein

(Address) 2531 Garrett Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Sept 30, 1937

19. UNDERTAKER John Ulrich

(Address) 1001 Edmondson Ave

20. FILED SEP 29 1937, 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance: Cerebral Apoplexy

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1719 E. North Ave

VS 6

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

39490 E

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 39490

27-1082-2

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 Oakland Avenue St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ralph G. McLaughlin

If U. S. Veteran specify WAR

(a) Residence: No. 502 Oakland Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. McLaughlin

6. DATE OF BIRTH (month, day, year) July 15,1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT (Address) Mrs Samuel E. Gibson 502 Oakland Ave.

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's, Govans Date Sept. 30 1937

19. UNDERTAKER (Address) E. Leroy Stiffler, Inc. 125 E. North Ave.

20. FILED ... 19... Registrar.

SEP 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) did find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
(Apoplexy)	

Other contributory causes of importance: Senility

Was an operation performed? / Date of ...

For what disease or injury? /

Name of operation / Date of ...

What test confirmed diagnosis? Was there an autopsy? /

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? / Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place /

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel Evans Coroner, M. D.

(Address) Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39491 F 39491

CERTIFICATE OF DEATH

Registered No. 93-C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3509 Old York Road St., (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 47 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Catherine M Cutsail
If U.S. Veteran specify WAR No Record
(a) Residence: No. 3509 Old York Road St., Ward.
(Usual place of abode) 47 yrs (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. If single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of Charles H. Cutsail

6. DATE OF BIRTH (month, day, year) Dec. 6- 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Frederick Md

FATHER
13. NAME Louis Mobrly
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Catherine Shremer
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Charles H. Cutsail 1712 Greenmount

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Frederick Date Sept 30 1937

19. UNDERTAKER William Cook (Address) 1217 St Paul Street

20. FILED SEP 29 1937 Registrar. Washington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28 1937

22. I HEREBY CERTIFY, That I attended deceased from June 10 1937 to Sept 28 1937
I last saw her alive on Sept 28 1937 Death is said to have occurred on the date stated above, at 7:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	7wks
Other contributory causes of importance: Chronic Nephrotides	indefy

Was an operation performed? No Date of
For what disease or injury?
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible] M. D.
(Address) 112 W 35th St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39492

CERTIFICATE OF DEATH

11-a F 39492

19-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 W. Lexington St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gustav Hoffman

If U.S. Veteran specify WAR ....

(a) Residence: No. 1500 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced — HUSBAND of (or ~~WIFE of~~) Ida M. Hoffman

6. DATE OF BIRTH (month, day, year) Jan. 5, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): Sept. 27

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Hones Hoffman

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Ida M. Hoffman
(Address) 1500 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: 10/1/37

19. UNDERTAKER: William Cook
(Address) 1212 N. Paul St

20. FILED: SEP 29 1937 19...
Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 28- 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23 1937 to Sept 28 1937

I last saw h. alive on Sept 27 1937 Death is said to have occurred on the date stated above, at 10:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sepsis.	Sept 23
Broncho-pneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Chas & Blake M. D.

(Address) 20 E Preston St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39493

CERTIFICATE OF DEATH

7-1174

F 39493

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Tessie Byrd (Allmond)

(a) Residence: No. 1502 Ashland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Payton

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 24			

OCCUPATION

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Smithfield Va.

FATHER

13. NAME Isaac Hazle

14. BIRTHPLACE (city or town) (State or country) Smithfield Va

MOTHER

15. MAIDEN NAME Odelia Perry

16. BIRTHPLACE (city or town) (State or country) Smithfield Va

17. INFORMANT Lillian Bailey

(Address) 3039 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL Old Point Comfort Va. Date Sept 30 1937

19. UNDERTAKER Robert L. Cousins

(Address) 804 N. Caroline St

20. FILED SEP 30 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said autopsy and that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab Wounds of Neck	

Other contributory causes of importance:

Hemorrhage

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Sept. 25, 1937

Where did injury occur? 1502 Ashland Ave. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Stabbed in neck with

Nature of injury a knife

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1918 E. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 30 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

39494

CERTIFICATE OF DEATH

107-E 39494

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lavern Brown

If U. S. Veteran specify WAR

(a) Residence: No. 1707 W. McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 31, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc (Infant)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward Brown

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Frances Smyth

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Frances Brown
(Address) 1707 W. McCulloh St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 9/29 19 37

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Eastman St

20. FILED 19

Registrar.

SEP 29 1937

Washington Philadelphia, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9.27.37

22. I HEREBY CERTIFY, That I attended deceased from 9.26. 1937 to 9.27. 1937

I last saw her alive on 9.27. 1937 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9.25.37
Other contributory causes of importance: Otitis media, bilateral	9.25.37?

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James D. Carr M. D.

(Address) 515 Morton St

(3) B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dorsey Moore

F 39495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39495

93-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 Woodyear St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dorsey Moore

(a) Residence: No. 1315 Woodyear St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Dorsey Moore

6. DATE OF BIRTH (month, day, year) March 7 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franklinton N.C.

FATHER

13. NAME Jerk Toole

14. BIRTHPLACE (city or town) (State or country) Franklinton N.C.

MOTHER

15. MAIDEN NAME Sally Toole

16. BIRTHPLACE (city or town) (State or country) Franklin Co. N.C.

17. INFORMANT Dorsey Moore

(Address) 1316 Woodyear St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9/29 37 19

19. UNDERTAKER Thomas E. Dalson

(Address) 1303 Greenmount Ave

20. FILED SEP 29 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 2:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Mayo Brawner M. D. Coroner

(Address) 1215 Nanuum

V S 6

* B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39496 HEALTH DEPARTMENT—CITY OF BALTIMORE F 39496

CERTIFICATE OF DEATH

#26971 B SF

Registered No. 2553

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., life Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elmer Yeager

If U. S. Veteran specify WAR

(a) Residence: No. 2115 Annapolis Rd.-Westport St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married (sep.)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Yeager

6. DATE OF BIRTH (month, day, year) 8/5/1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	49	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME George Yeager

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Gegner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date Oct 1st 1937

19. UNDERTAKER Bernard E. Harle
(Address) 121 E West St.

20. FILED ..., 19...
Registrar.

SEP 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 26, 1937 to September 28, 1937

I last saw him alive on September 28, 1937. Death is said to have occurred on the date stated above, at 4:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	9-26-37

Other contributory causes of importance:

Hypertensive Cardiovascular disease Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lamielle, M. D.

(Address) Baltimore City Hospitals

F 39497

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39497

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Blackstone Apts. St., 12 Ward 12-2
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 65 yrs. 2 mos. 5 ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Sheise McCormick
If U. S. Veteran specify WAR NONE
(a) Residence: No. Blackstone Apts. St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Martin L. McCormick
6. DATE OF BIRTH (month, day, year): July 22 1872
7. AGE: Years 65 | Months 2 | Days 5 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year): none
11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER
13. NAME: August H. Heise
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Margaret Reppert
16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland.

17. INFORMANT: Mr. M. L. McCormick (son)
(Address) Edmondwood Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Longview Date Sept 29 37

19. UNDERTAKER: Stewart Mortuary Company
(Address) 108 W Monument

FILED SEP 29 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1937 to Sept. 27, 1937
last saw her alive on Sept. 27, 1937. Death is said to have occurred on the date stated above, at 6:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (right breast)	1925
Arterio-Sclerosis	1925
Other contributory causes: Acute Dilatation of Heart	2 Mos.
Melastasis	

Was an operation performed? yes. Date of 1935
For what disease or injury?
Name of operation Amputation of breast
What test confirmed diagnosis? Microscopic. Was autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Geo. E. Marr M.D.
(Address) 711 Cathedral St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39498

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39498

CERTIFICATE OF DEATH 25910 (M) 348

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 143 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Reed, Jr., If U. S. Veteran specify WAR

(a) Residence: No. 1814 Pennsylvania Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lucille

6. DATE OF BIRTH (month, day, year) 2/25/1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert Reed, Sr.,

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Harriett Kerr

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Mem. Pk. Sept 29 '37

19. UNDERTAKER Jno. Geo. N. Holland
(Address) 1621 Druid Hill Ave

20. FILED SEP 29 1937 Registrar

Interment in Williamsville, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 26 1937

22. I HEREBY CERTIFY, That I attended deceased from August 17, 1937, to September 26, 1937

I last saw him alive on September 26, 1937. Death is said to have occurred on the date stated above, at 5:05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic heart disease	1935

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? W.a.R.+ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 39499

CERTIFICATE OF DEATH

D 3 (MB) B 39499

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Albert Jobes

(a) Residence: No. From Good Shepherd Hospital St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1883 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Island, Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 9/29 1937

19. UNDERTAKER Rayner Sanders
(Address) 1413 E. Preston St

SEP 29 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to September 27 1937

I last saw him alive on September 27 1937. Death is said to have occurred on the date stated above, at 6 25A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	4 mos

Other contributory causes of importance:

Pernicious anemia	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. Le Sauteke M. D.

(Address) Baltimore City Hospitals

Hamilton Williams, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39500 — CERTIFICATE OF DEATH — 123 F 39500

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harding Edwards (25481) If U. S. Veteran specify WAR

(a) Residence: No. 404 Hanover St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Richard

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Eliza

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place West Point Va Date Oct 1 37

19. UNDERTAKER John O Mitchell & Sons
(Address) Figgs Cutaw & L

20. FILED SEP 29 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1937 to Sept. 28, 1937

I last saw him alive on Sept. 28, 1937. Death is said to have occurred on the date stated above, at 8:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	April 1937

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) William A. Cassidy M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39501 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39501

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2136 Druid Hill Av St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Morris Shorter

If U. S. Veteran specify WAR .....

(a) Residence: No. 2136 Druid Hill Av. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 5-1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph Shorter

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary A. Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Sarah LaPrade Shorter

(Address) 2136 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date 9-30-37

19. UNDERTAKER John W. McIlvaney

(Address) 1500 Druid Hill Av

Huntington Terminal, Md.

SEP 29 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/26, 1937, to 9/28, 1937

I last saw him alive on 9/28 (1937) Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy + Paralysis

Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Blair Lyttle, M. D.

(Address) 2134 W. Ft. Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39502 — CERTIFICATE OF DEATH — 115-6 — F 39502

6-4

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Sinai Hospital - Monument St., 8th R. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa W Schlesinger

(a) Residence: No. 2027 E. Fairmount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 18 1886

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
51	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dress Fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME George J Schlesinger

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Mary Flacsfmar

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Mrs Anna M Schlesinger
(Address) 2027 E Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Pikesville Cemetery Date Oct. 1 1937

19. UNDERTAKER Henry Strick Sons, Inc
(Address) 1301 E Eager St Baltimore, Md.

SEP 29 1937
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/27 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/23/37 to 9/27 1937

I last saw h alive on 9/27/37. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart Failure	9/23/37
Pulmonary Edema	

Other contributory causes of importance:

Bronchopneumonia Lingular 7 days

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bernard Lidman M. D.

(Address) Sinai Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-6 92a F 39503

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1600 N. Bethel St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Adam H. Hunter

If U. S. Veteran specify WAR

(a) Residence: No. 1600 N. Bethel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Anna J. M. Hunter

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Nicholas Hunter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Domeyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anna M. Hunter

(Address) 1600 N. Bethel St

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. Date Sept. 30 1937

19. UNDERTAKER Henry Hoelle Sons, Inc.

(Address) 361 E. Baya

20. FILED SEP 29 1937 H. Livingston Williams Registrar

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased (from 9/2 1937 to 9/27 1937

I last saw him alive on 9-27-37 Death is said to have occurred on the date stated above, at 10.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	9/1/37
Other contributory causes of importance:	
Myocardial degeneration	9/4/37

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No

What test confirmed diagnosis? Clinical Signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) Daniel Fuller M. D.

9/25/37 (Address) 1400 N Broadway

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33877 F 39504

CERTIFICATE OF DEATH

8-7 47-5 F 39504

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Walker

If U. S. Veteran specify WAR .....

(a) Residence: No. 1835 E Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Separated

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-15-83

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ga

FATHER

13. NAME Chas ?

14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Bartow Ga. Date 9/29 1937

19. UNDERTAKER Joseph G. Locke Jr.

(Address) 1310 Jefferson St.

SEP 29 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1937 to Sept 25, 1937

I last saw him alive on Sept 25, 1937. Death is said to have occurred on the date stated above, at 2.00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung (?)	Dec 30
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Walter B Burch, M. D.

(Address) Johns Hopkins

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39505 — **CERTIFICATE OF DEATH** — **F 39505**

16-7 93-A

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 Belmont Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian May Lytle

If U. S. Veteran specify WAR

(a) Residence: No. 307 Belmont Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 1 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Floor Lady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fink Roemer & Hamm Co.

10. Date deceased last worked at this occupation (month and year) Sept. 1937

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James C. Lytle

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rachel Talbot

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Norman R. Lytle

(Address) 307 Belmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 29, 1937

19. UNDERTAKER H. M. Lutcher & Sons

(Address) North Ave

20. FILED SEP 29 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 3 days

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. Ney Carraway M. D. Coroner

(Address) 1 E. Lexington

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39506

CERTIFICATE OF DEATH

F 39506

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD. Registered No.

CITY OF BALTIMORE: (No. ..... St., 7-4 (Ward)) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William L. Hooper If U. S. Veteran specify WAR World War

(a) Residence: No. 1633 E. Eager St., Balto. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Flecia Rodriguez

6. DATE OF BIRTH (month, day, year) July 6, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. on launch

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William L. Hooper

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary E. Tall

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Records- U. S. Marine Hospital, (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place Nat Gemt Date Oct 1 1937

19. UNDERTAKER George W. Zirkler (Address) 1757 E Eager St

Huntington Williams

SEP 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 19 1937 to September 28 1937

I last saw him alive on September 28 1937. Death is said to have occurred on the date stated above, at 12:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis, chronic,	
far advanced	1933
Tuberculous enterocolitis, chronic	1933

Other contributory causes of importance:

Was an operation performed? Yes Date of 9-13-37

For what disease or injury? Hemorrhoids

Name of operation Incision of hemorrhoids

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) I. M. H. a. clem, M. D.

(Address) U. S. Marine Hospital, Balto. Md.

FFT/g

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 39507

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39507

CERTIFICATE OF DEATH

26-8 / 119

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lovera Mugrage

If U.S. Veteran specify WAR

(a) Residence: No. 3704 Mt. Pleasant Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) aug. 25 37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C+D

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME George Mugrage

14. BIRTHPLACE (city or town) Baltimore
(State or country)

MOTHER

15. MAIDEN NAME Edna Lecora

16. BIRTHPLACE (city or town) Peru
(State or country)

17. INFORMANT George Mugrage
(Address) 3704 Mt Pleasant Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Sept. 29, 1937

19. UNDERTAKER Kelly-Fuller Co.
(Address) 505 S. Carey St.

20. FILED SEP 29 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1937 to Sept 28, 1937

I last saw her alive on Sept 28, 1937 Death is said to have occurred on the date stated above, at 2.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fermentative Diarrhea	10 days
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert E. Redman, M. D.

(Address) St. Joseph's Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CRONIN

F 39508

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39508

CERTIFICATE OF DEATH

✓ 46-P

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3126 Berkshire Road St., 27-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME William M. Cronin

If U. S. Veteran specify WAR .....

(a) Residence: No. 3126 Berkshire Road St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widower

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Ella Cronin

6. DATE OF BIRTH (month, day, year) May 23 - 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Car Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna RR

10. Date deceased last worked at this occupation (month and year) 60?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME David Cronin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret O'Connell

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Loretta Conahan

(Address) 1501 N Monroe

18. BURIAL, CREMATION, OR REMOVAL

Place Newburgh Cemetery Date Sept 30th 1937

19. UNDERTAKER Leo J. Brooks

(Address) 1705 N. Patterson Park Ave.

Funeral Home Huntington Ave

P 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1936 to Sept 27, 1937

I last saw him alive on Sept 27, 1937. Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate Bladder & Intestines	1 Year
Other contributory causes of importance: Toxic Absorption	1 wk

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward L. Bond M. D.

(Address) 413 W Lexington St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

F 39509

F 39509 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1314 Myrtle Ave ST. 17-3 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Powell

(a) RESIDENCE NO 1314 Myrtle Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9/28/37

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	—	—	one	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Williams Powell

11 BIRTHPLACE OF FATHER (city or town)
(State or country) North Carolina

12 MAIDEN NAME OF MOTHER Beatrice Johnson

13 BIRTHPLACE OF MOTHER (city or town) Easton
(State or country) Maryland

14 Informant Beatrice Powell
(Address) 1314 Myrtle Ave.

15 SEP 29 1937 . 19 Huntington Williams, M.D.
Registrar

3519

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/29/37

17

I HEREBY CERTIFY, That I attended deceased from Sept 28, 1937, to —, 19...

that I last saw her alive on Sept 28, 1937

and that death occurred, on the date stated above, at — m.

The CAUSE OF DEATH* was as follows: Exposure

(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) ...
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. Mansell Lawrence M. D.

. 19 (Address) 1933 W. Lanvale St.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS MEDICAL SCHOOL — DATE OF BURIAL: SEP 29 1937 19

20 UNDERTAKER: Commissioner of Health — ADDRESS

Per H. A. Moore

P 29 1937

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 39510

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39510

CERTIFICATE OF DEATH

16-Y 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 N Carrollton Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Anne Hardy

If U. S. Veteran specify WAR

(a) Residence: No. 615 N Carrollton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced (or) WIFE of: Alfred Hardy

6. DATE OF BIRTH (month, day, year): Feb ? 1877

7. AGE: Years 60 | Months 7 | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Denton Md.

FATHER

13. NAME: Solomon Hutchins

14. BIRTHPLACE (city or town) (State or country): Denton Md

MOTHER

15. MAIDEN NAME: Rachel Galloway

16. BIRTHPLACE (city or town) (State or country): Denton Md

17. INFORMANT: Pauline Anthony

(Address) 616 N Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Sept 29, 1937

19. UNDERTAKER: Wm Luther R Williams

(Address) 322 E Lanvale St.

20. FILED SEP 29 1937 19 Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Septr 26. 1937

22. I HEREBY CERTIFY, That I attended deceased from Septr 10. 1937. to Septr 26. 1937

I last saw her alive on Septr 24. 1937. Death is said to have occurred on the date stated above, at 1000 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Myocarditis	
Other contributory causes of importance:	
Congestive Heart Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, how?

(Signed) W. F. Howell M. D.

(Address) 601 N Carrollton Ave

F 39510

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 34876 B 39511

CERTIFICATE OF DEATH

X 7-5 ✓ 134 F 39511

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME RIDINGER, PAUL

If U. S. Veteran specify WAR .....

(a) Residence: No. Westminster Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/7/98

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jacob

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emma Byers

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Date Oct. 1 1937

19. UNDERTAKER H. Bankard & Son
(Address) Westminster Md.

SEP 29 1937 ..... 19 ..... Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/29/37

22. I HEREBY CERTIFY, That I attended deceased from 9/20 1937 to 9/29 1937

I last saw h.. alive on 9/29 1937 Death is said to have occurred on the date stated above, at 12:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelitis, chronic, right	
Hydronephrosis, right	
Ureteral fibrillation	
with complete failure	

Other contributory causes of importance:

Hypertension, moderate

history of urinary calculi

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-ray and examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Carl E. Buckland M. D.

(Address) Johns Hopkins Hospital

INSTRUCTIONS: Answers to questions should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39512

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39512

CERTIFICATE OF DEATH

26-9131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 3704 Foster Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Myers

If U.S. Veteran specify WAR No Record

(a) Residence: No. 3704 Foster Ave St., Ward.
(Usual place of abode) 05 years (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary E. Myers

6. DATE OF BIRTH (month, day, year): April 18-1862

7. AGE: Years 75 | Months 5 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Philadelphia Pa

FATHER

13. Name: George Myers

14. BIRTHPLACE (city or town) (State or country): Philadelphia Pa

MOTHER

15. MAIDEN NAME: Mary ?

16. BIRTHPLACE (city or town) (State or country): Philadelphia Pa

17. INFORMANT: Helena M. Mish

(Address) 2610 Evergreen Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date 9-24

19. UNDERTAKER: William Cook

(Address) 1217 St Paul Street

20. FILED: Huntington Wm Cook Registrar

SEP 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 28th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-1-37 to Sept 25-37

I last saw him alive on Sept 25 1937. Death is said to have occurred on the date stated above, at 10:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Infirmity	
General Deterioration	
Pressure Sore	
Urinary Retention	

Other contributory (secondary) conditions:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, give

(Signed) Wm Woolley Cook M. D.

(Address) 100 N Dolphin Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39513

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39513

CERTIFICATE OF DEATH

16-4131

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James F. Stevens

If U. S. Veteran specify WAR

(a) Residence: No. 804 N. Payson St., Balto. Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cassie I. Kerr Stevens

6. DATE OF BIRTH (month, day, year) 7/2/1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant Marine

10. Date deceased last worked at this occupation, (month and year) 9-29-37

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Kente County Md.

FATHER

13. NAME John Stevens

14. BIRTHPLACE (city or town) (State or country) St. Michaels, Md.

MOTHER

15. MAIDEN NAME Sarah Jolly

16. BIRTHPLACE (city or town) (State or country) Kent County, Md.

17. INFORMANT (Address) Records-U.S. Marine Hospital Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL

Date Sept 30 1937 Cemetery Potters Rock Hall Md. Undertaker Fellows & Co.

19. UNDERTAKER (Address) 1217 E. Fayette St.

20. FILED Sep 29 1937 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 23, 1937, to September 29, 1937

I last saw him alive on September 29, 1937. Death is said to have occurred on the date stated above, at 12:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, interstitial, chronic	Dec. 1935
Arteriosclerosis, general	Dec. 1935

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) T. Boyd Anderson M. D.

(Address) U. S. Marine Hospital, Balto.

HLE/6

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 39514

HEALTH DEPARTMENT—CITY OF BALTIMORE

39514

CERTIFICATE OF DEATH

15-12-92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3711 Park Heights Ave Ward)

Length of residence in city or town where death occurred ..... yrs. Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Lena Meister

(a) Residence: No. 3711 Park Heights Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Henry C. Meister

6. DATE OF BIRTH (month, day, year): Aug 2nd 1861

7. AGE: Years 76 | Months 1 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Jacob Leisner

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Lena

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs Isabelle Harris 3711 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 10/2/37

19. UNDERTAKER (Address): Williams Cook 1217 St Paul St.

19 ..... Registrar.

SEP 29 1937 Huntington Filmarts, N.Y. 14

MEDICAL CERTIFICATE OF DEATH 2-AM

21. DATE OF DEATH (month, day, year): Sept 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 29th 1937 to Sept 29th 1937. Death is said last saw ... alive on Sept 29th 1937. Death is said to have occurred on the date stated above, at 2.50 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Hypostatic — Date of onset .....

Other contributory causes of importance:

Chronic Valvular Heart disease

Chronic Rheumatoid Arthritis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Samuel Steinberg M. D.

(Address) 3735 Park Heights Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

F 39515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

REGISTERED NO.

1. PLACE OF DEATH 1933 Edmondson Ave Baltimore Md
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 1933 Edmondson Ave ST. WARD) 20-1

2. FULL NAME Timothy Lydon

(a) RESIDENCE NO. 1933 Edmondson Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Lydon

6 DATE OF BIRTH (month, day, and year) Nov 7 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	10	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Rooster
(b) General nature of industry, business, or establishment in which employed (or employer) self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS
10 NAME OF FATHER Thomas Lydon
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland
12 MAIDEN NAME OF MOTHER Ellen Connelly
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Lydon
(Address) 1933 Edmondson Ave

15 Filed Sept 29 1937, 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28th 1937

17
I HEREBY CERTIFY, That I attended deceased from August 5th, 1937, to Sept 28th, 1937
that I last saw him alive on Sept 28th, 1937
and that death occurred, on the date stated above, at 8-10 PM

The CAUSE OF DEATH* was as follows:
Uremia

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) yrs. 5 mos. ds.
(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Usual

(Signed) H. L. Hamner M. D.
Sept 28 1937 (Address) 1929 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park

DATE OF BURIAL 10/1 1937

20 UNDERTAKER [illegible]

ADDRESS 1217 Eutaw St

P 29 1937

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

39516 F 39516

CERTIFICATE OF DEATH

23-294-B

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1217 S. Charles St. St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Dauer

If U. S. Veteran specify WAR World War

(a) Residence: No. 1217 S. Charles St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 8, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Worke

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME John G. Dauer

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Dora Gumbert

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Mrs. Dora Dauer

(Address) 1217 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cemetery Date Sept 30 1937

19. UNDERTAKER Fred A. Kramer & Son

(Address) 216 S. Charles St.

FILED SEP 30 1937 [illegible] Registrar.

Use

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D. Coroner

(Address) 2757 W. Mass.

F 39517

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39517

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md. Registered No. 23

CITY OF BALTIMORE: (No. ..... St. 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George E. Wessels

If U. S. Veteran specify WAR World War.

(a) Residence: No. 21 Chesapeake Ave., Crisfield, St., ... Ward. Crisfield, Md.
(Usual place of abode) Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, year) December 23, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Accomac, Va.

FATHER

13. NAME John T. Wessels

14. BIRTHPLACE (city or town) (State or country) Accomac, Va.

MOTHER

15. MAIDEN NAME Sara B. Hales Wessels

16. BIRTHPLACE (city or town) (State or country) King Geo. Co., Va.

17. INFORMANT Records- U.S. Marine Hospital,
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Crisfield, Md. Date Oct 2, 1937

19. UNDERTAKER John A Bradshaw
(Address) Crisfield Md

20. FILED SEP 30 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 22, 1937 to September 29, 1937

I last saw him alive on September 29, 1937. Death is said to have occurred on the date stated above, at 9:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, far advanced	1932
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) I.M.O. a dcsn. M. D.

(Address) T. B. H. Anderson, U.S. Marine Hospital, Balto. Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FFT/s

Matilda Mason

39518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B 26 77 39518

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Matilda Mason

If U. S. Veteran specify WAR .....

(a) Residence: No. 901 Druid Hill Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin

6. DATE OF BIRTH (month, day, year) 4-12-1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Randall Ford

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Martha Bland

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date Sept 30 1937

19. UNDERTAKER Adolphus Pollard
(Address) 901 E. Druid Hill Ave

20. FILED ..... 19..... Registrar.

SEP 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 9, 1937, to September 26, 1937

I last saw her alive on September 26, 1937. Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular disease	[illegible]
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. A. Del Santella, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Baby Girl Willis

F 39519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 ✓ F 39519

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST. 16-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Girl Willis

(a) RESIDENCE NO. 1024 Fulton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 18-37

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Leroy T. Willis

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary E. Cobb.

13 BIRTHPLACE OF MOTHER (city or town) Cambridge
(State or country) Maryland

14 Informant Mr. Leroy T. Willis
(Address) 1024 Fulton Ave

15 Filed SEP 30 1937 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29-37

17

I HEREBY CERTIFY, That I attended deceased from Aug 18-37, 19..., to Sept 29 37, 19...,

that I last saw her alive on Sept 29-37, 19...

and that death occurred, on the date stated above, at 2.44 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity —

Pyemia —

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death? —

Did an operation precede death? Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

9-24, 19 37 (Address) Franklin Sq Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Auburn	Oct 3 19 37
20 UNDERTAKER	ADDRESS
J. D. Hesselbrock & Son	1300 Eutaw St

IF DEATH is in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39520

CERTIFICATE OF DEATH

82-a F 39520

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 S. Pulaski St. 20-5 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Fanny Anselevitch

(a) Residence: No. 430 S. Pulaski St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Anselevitch

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berlin, Ind.

FATHER

13. NAME Jos. Kalinsky

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Pearie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Anselevitch

(Address) 430 S. Pulaski St

18. BURIAL, CREMATION, OR REMOVAL

Place Silver Wood Date 9-30 1937

19. UNDERTAKER Jos. Louis Inc

(Address) 1439 E. Baltimore St

SEP 30 1937 Huntington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-30 1937

22. I HEREBY CERTIFY, That I attended deceased from July 17 1937 to Sept 30 1937

I last saw h.. alive on Sept 30 1937 Death is said to have occurred on the date stated above, at .. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalomalacia hypertension	10 yrs ago
Other contributory causes of importance: Cerebral hemorrhage	1 day ago

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Benjamin Miller M. D.

(Address) 2030 Wilkens Ave

USE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dr. Lavy

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39521 — CERTIFICATE OF DEATH — F 39521

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2007 LINDEN AVE St., 13-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Morris Schwartz

If U. S. Veteran specify WAR

(a) Residence: No. 2007 Linden Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Schwartz

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Anna Rubinstein
(Address) 2007 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Northern Ave Date 9-30- 1937

19. UNDERTAKER Joseph Levin Inc
(Address) 1439 E. Balto. St

20. FILED SEP 30 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-30- 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 31 to Sept 30 1937

I last saw him alive on Sept 30 1937. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis T. Lavy M. D.
(Address) 1844 W. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

39522 F 39522

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lord Baltimore Hotel St. H-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos. 2 ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME Aaron Schenthal

(a) Residence: No. Atlantic City, N.J. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude P. Schenthal

6. DATE OF BIRTH (month, day, year) June 6th. 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	70	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Hirsh Schenthal,

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Amelia Goldsmith,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. N. Schenthal,
(Address) 6000 Park Heights Ave.

18. BURIAL, ~~REMOVAL~~
Place Cheb Shalom Cem. Date Sept. 30, 1937

19. UNDERTAKER Harry Goodman & Son
(Address) 1902 Eutaw Place.

20. FILED ..., 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1937, to Sept 28, 1937

I last saw h— alive on Sept 28, 1937 Death is said to have occurred on the date stated above, at 1.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	1 day Sept 27 37
Other contributory causes of importance: Angina pectoris (coronary artery disease)	5 years

Was an operation performed? nr Date of ✓

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? Clinical Was there an autopsy? nr

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? nr If so, specify

(Signed) I. Frederick Lehr, M. D.

(Address) Temple Garden Apts.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 9

HEALTH DEPARTMENT—CITY OF BALTIMORE

39523 95-E 39523

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jean Clarke

If U. S. Veteran specify WAR

(a) Residence: No. Esplanade Apts. St., Balto. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 19 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as farmer, sawyer, bookkeeper, etc. Medicine

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marion S. C.

FATHER

13. NAME Henry Claude

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lena Hartman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. E. Clarke

(Address) Esplanade Apts.

18. BURIAL, CREMATION, OR REMOVAL

Pt. Rest. Hebrew Cem. Date Oct. 1 1937

19. UNDERTAKER Harry Sandhaus & Son

(Address) 1902 Eutaw Place

30 1937 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-13, 1937, to 9-29, 1937

I last saw h.. alive on 9-29, 1937. Death is said to have occurred on the date stated above, at 12.45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9-12-37
Hypertensive heart disease	5 yrs.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. A. Kaplan M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 39524

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39524

CERTIFICATE OF DEATH

87-B

1. PLACE OF DEATH Home For Incurables

CITY OF BALTIMORE: (No. 700 W. 40th St., 7th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Sallie J. Bailey

If U. S. Veteran specify WAR

(a) Residence: No. 700 W. 40th St., Balto Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas R Bailey

6. DATE OF BIRTH (month, day, year) June 16, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanford Co

FATHER

13. NAME Edward Schelty

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Maria Wilgis

16. BIRTHPLACE (city or town) (State or country) Hanford Co

17. INFORMANT Home For Incurables

(Address) 700 W. 40th St

18. BURIAL, CREMATION, OR REMOVAL

Place Churchville, Md. Date Sept 30 1937

19. UNDERTAKER Wm. J. Tickner & Son

(Address) North & Paca Sts

20. FILED Huntington Nov 1 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 6 1933 to Sept 28 1937

I last saw her alive on Sept 28, 1937 Death is said to have occurred on the date stated above, at 6:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	1932
Other contributory causes of importance: Chronic Arthritis	1930

Was an operation performed? No Date of -

For what disease or injury? None

Name of operation None Date of

What test confirmed diagnosis? P. Ex Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm B Mayo M. D.

(Address) Medical Arts Bldg Balto.

NOTICE.—CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Nov 30 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39525

CERTIFICATE OF DEATH

23 F 39525

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1141 N. Stricker St. 16-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jerry Bedford

(a) Residence: No. 1141 N. Stricker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

3a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Laura Bedford

6. DATE OF BIRTH (month, day, year) 2-26-98

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edward Bedford

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Laura Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Laura Bedford

(Address) 1141 N. Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place North Point Md Date Oct 1 19 37

19. UNDERTAKER Thomas E. Kelson

(Address) 1203 Fresstman St

20. FILED 19 Registrar

~~SEP 29 1937~~ Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-28 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/14 . 1937 to 9-28 . 1937

I last saw him alive on 9/27 . 1937 Death is said to have occurred on the date stated above, at 2.53 m. P

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec 36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. . Downs M. D.

(Address) 1500 E. Madison St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39526

CERTIFICATE OF DEATH

F 39526

1—PLACE OF DEATH Franklin Sq. Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baxter Mack

(a) RESIDENCE NO. 10 N. Poppleton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Mack

6 DATE OF BIRTH (month, day, and year) April 15, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Bethelhem Steel Mill

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Edison, New York

PARENTS

10 NAME OF FATHER Henry Mack

11 BIRTHPLACE OF FATHER (city or town) Edison (State or country) new york

12 MAIDEN NAME OF MOTHER Nancie?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) new York

14 Informant Carrie Mack

(Address) 10 N. Poppleton St

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-28-37

17 I HEREBY CERTIFY, That I attended deceased from Sept 19th, 19..., to Sept 28, 19 37

that I last saw him alive on Sept 28, 19 37

and that death occurred, on the date stated above, at 3-31 P. m.

The CAUSE OF DEATH* was as follows:

Ploster Peritonitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Perforation of the Cecum

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 9-22-37

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) M. Sodaro, M. D.

, 19 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Oct 2, 1937

20 UNDERTAKER Mrs Katie R. Watkins

ADDRESS 322 N Schroeder St

Important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

39527

CERTIFICATE OF DEATH

23 F 39527

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 213 N. Mount St. 19-6 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Young

If U. S. Veteran specify WAR

(a) Residence: No. 213 N. Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Young

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mississippi

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Mississippi

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lucy Young (Address) 213 N Mount St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Date Oct 1, 37

19. UNDERTAKER Mrs Katie R Williams (Address) 322 N Schroeder St.

20. FILED ..... 19 .....

Registrar.

OCT 1 1937

Huntington-Williams, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1937 to Sept. 28, 1937

I last saw h[illegible] alive on Sept 28, 1937 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/26/37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. H. Pickett M. D.

(Address) 836 W. Lanvale St

OCCUPATION is very important. See instructions on back of certificate.

F

E 39528

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39528

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 613 Bruns St., 17-3 Ward.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 613 Bruns St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 6, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salisbury N.C.

FATHER

13. NAME Wesley Smith

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Fannie White

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Mary Dorsey
(Address) 613 Bruns St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lem Date Oct. 2, 1937

19. UNDERTAKER Mrs. Kate R. Williams
(Address) 322 N. Schroeder St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 37

22. I HEREBY CERTIFY, That I attended deceased from May 17, 37 to Sept 28, 37

I last saw h... alive on Sept 28, 37 at 3:40 P.M. Death is said to have occurred on the date stated above, at ... P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T.B.	May 1937

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address) 753 Eutaw St

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

39529

CERTIFICATE OF DEATH

Registered No. F 39529

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3521 Hanover St., 25-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William T. Stephens

(a) Residence: No. 3521 Hanover St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Theresa M Stephens

6. DATE OF BIRTH (month, day, year) Sept 16 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	-	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Freight Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Weston Stephens

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Margaret Ward

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Mrs Theresa M Stephens

(Address) 3521 Hanover

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Oct 4 1937

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. FILED SEP 30 1937 Huntington Registrar.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from March, 1935, to Sept 28, 1937

I last saw h... alive on Sept 28, 1937 Death is said to have occurred on the date stated above, at 12 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular disease	6 yrs
Chronic Glomerular Nephritis	2 years
	2 days

Other contributory causes of importance:

Uraemic Coma

Arteriosclerosis,

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Bonelli M. D.

(Address) 4410 Frederick Ave

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39530

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39530

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3903 Forest Park Ave St. 15-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H. Pentz

If U. S. Veteran specify WAR .....

(a) Residence: No. 3903 Forest Park Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elvira Steever

6. DATE OF BIRTH (month, day, year) 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. reporter Balto Sun

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5082

10. Date deceased last worked at this occupation (month and year) 2 yrs

11. Total time (years) spent in this occupation 48 yrs

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME William H. Pentz

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ethel M. Newton

(Address) 3903 Forest Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Longview Pk Date Oct 1st 1937

19. UNDERTAKER George J. Smith

(Address) 1900 Eutaw Place

SEP 30 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEPT 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1937 to SEPT 27, 1937

I last saw him alive on Sept 27, 1937. Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset 8-15-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Arthur J. Davies, M. D.

(Address) 2506 Roslyn Ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

39531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39531

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 E. Monument St., 7-5 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Kirk Johnson

(a) Residence: No. 1613 E. Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE~~ of Mary Grace Johnson

6. DATE OF BIRTH (month, day, year) 10-11-1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) July 37

11. Total time (years) spent in this occupation 13 yrs

12. BIRTHPLACE (city or town) (State or country) Lancaster Va

FATHER

13. NAME Mack Johnson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Grace Johnson
(Address) 1613 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date Sept 30th 1937

19. UNDERTAKER Joseph A. Sirchy
(Address) 1510 W. Fremont St

FILED SEP 29 1937 Huntington Williamson, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-26 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/13 1937 to 9-26 1937

I last saw him alive on 9-25 1937 Death is said to have occurred on the date stated above, at 6:55 m. A

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	Aug 37
Other contributory causes of importance:	

Was an operation performed? NO Date of .....

For what disease or injury? .....

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify .....

(Signed) R. Howard M. D.

(Address) 1510 W. Madison St

OCCUPATION is very important. See instructions on back of certificate.

Cause of death in plain terms, so that it may be properly classified. Exact statement of

F 39532

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39532

CERTIFICATE OF DEATH

53-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 N. Holliday St., 7-5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Georgia Bennett

(a) Residence: No. 712 N. Chapman St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward.

6. DATE OF BIRTH (month, day, year) May 19 / 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
58	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Manchester-Co (State or country) Md.

FATHER

13. NAME Hessey Forest

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emily Saunders

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Charles Forest

(Address) 432 Lemmon St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date Oct 4th 1937

19. UNDERTAKER Mrs Robert Elliott, daughter

(Address) 1129 Gardner St.

20. FILED Oct 4 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cyst of Brain (Probably Malignant)	

Other contributory causes of importance: Hemorrhage into Brain

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schenken, M. D. Coroner

(Address) 1912 E. Baltimore

STATISTICAL CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P 39531

V S 6

F 39533

F 39533 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 Stirling St. 10-2 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rosa Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 804 Stirling St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) April 11 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Viola Jones

(Address) 804 Stirling St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Oct 2 1937

19. UNDERTAKER Rayner Sanders

(Address) 1413 E Preston St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-29- 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/25 1937 to 9/29 1937

I last saw h[illegible] alive on 9/29/37 19..... Death is said to have occurred on the date stated above, at 12 A.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Acute Endocarditis	9 days
& Coronary Thrombosis	2 days
& Myocarditis	2 days

Other contributory causes of importance:

Acute Bronchitis

Condition no

Was an operation performed? ..... Date of .....

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas F Blake M. D.

(Address) 934 Fairmount Ave

OCCUPATION is very important. See instructions on back of certificate.

39 1937

39534 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39534

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Maryland. Registered No.

CITY OF BALTIMORE: (No. X St. 12-6 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. 9 d. How long in U. S. If of foreign birth? ..yrs. ..mos. ..da.

2. FULL NAME John F. Rowland If U. S. Veteran specify WAR World War

(a) Residence: No. -- St., Ward. Harold Harbor, Maryland.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie J. Brady Rowland

6. DATE OF BIRTH (month, day, year) Dec. 4, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	44	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10. Date deceased last worked at this occupation (month and year) 9-15-37

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Oneida, N. Y.

FATHER

13. NAME Jean Rowland

14. BIRTHPLACE (city or town) (State or country) Mullin Hill, N.Y.

MOTHER

15. MAIDEN NAME Jeane Williams

16. BIRTHPLACE (city or town) (State or country) Mullin Hill, N.Y.

17. INFORMANT (Address) Records- U.S. Marine Hospital, Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Balto National Date 10/1 1937

19. UNDERTAKER (Address) Robert Brooks & Son Calbert & Hollins sts

20. FILED ..., 1937 ... Registrar.

OCT 1 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 20, 1937 to September 29, 1937

I last saw him alive on September 29, 1937. Death is said to have occurred on the date stated above, at 12:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis, coronary	July 1937
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. B. H. an dersen. M. D.

(Address) U. S. Marine Hospital, Balto. Md.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

F 39535

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39535

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Penitentiary St., 10-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fred McBride

If U. S. Veteran specify WAR

(a) Residence: No. Md. Penitentiary St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: not known

6. DATE OF BIRTH (month, day, year): Sept 18, 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	—	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Meat Packers

10. Date deceased last worked at this occupation (month and year): not known

11. Total time (years) spent in this occupation: not known

12. BIRTHPLACE (city or town) (State or country): Kent County Md

FATHER

13. NAME: not known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Md Penitentiary Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date SEP 30 1937

19. UNDERTAKER: Commissioner of Health
(Address) Per H. A. Moore

20. FILED ... 19... Registrar

SEP 30 1937

3523 +1

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Sept 27 37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation no Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Samuel A Wolfe M. D.
Coroner

(Address) 1330 E North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

39536

HEALTH DEPARTMENT—CITY OF BALTIMORE

39536

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 504 N Luzerne Ave (Ward) 2-23

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S Veteran specify WAR .....

2. FULL NAME Ferdinand J. Noah

(a) Residence: No. 504 N Luzerne Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) May 27 1897

7. AGE — Years: 40 — Months: 4 — Days: 1 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Pressman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: Frank Noah

14. BIRTHPLACE (city or town) (State or country): Balto.

MOTHER

15. MAIDEN NAME: Agnes Skendegan

16. BIRTHPLACE (city or town) (State or country): Balto.

17. INFORMANT: Agnes Noah (Address) 504 N Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Redeemer Date Oct 2 1937

19. UNDERTAKER: Martin W. E. Dyckel (Address) 37 S Arnold

SEP 30 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from May, 1937 to Sept. 28, 1937

I last saw h[illegible] alive on Sept. 28, 1937. Death is said to have occurred on the date stated above, at 8 40 A. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset 9 1936

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jno. E. Dykes M. D.

(Address) 432 E. Fayette St Co

39537 E 39537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward.

Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Culley

(a) Residence: No. 1016 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 27, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George D. Culley

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Pack

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT George Culley.
(Address) 1016 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL SEP 30 1937 19
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

30 1937 Registrar.

3922 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1937 to Sept. 29, 1937

I last saw him alive on Sept 29, 1937. Death is said to have occurred on the date stated above, at 12 30/4 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity. (Approximately 5½ mos. pregnancy).	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. S. Cumbo Jr M. D.
(Address) Univ. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

F 39538

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39538

CERTIFICATE OF DEATH.

159

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital ST. 19-2 WARD)

2-FULL NAME Baby Boy Sullivan

(a) RESIDENCE NO. 1723 W. Lexington St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): 9-28-37

7 AGE — Years — Months — Days — If LESS than 1 day, 5 hrs. or 0 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Louis Smallwood

11 BIRTHPLACE OF FATHER (city or town) (State or country): Woodstock Maryland

12 MAIDEN NAME OF MOTHER: Bernice Sutton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Bernice Sutton

(Address)

SEP 30 1937 . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-28-37 19

17

I HEREBY CERTIFY, That I attended deceased from Sept 28 . 1937 . to Sept 28 . 1937 .

that I last saw him alive on Sept 28 . 1937 .

and that death occurred, on the date stated above, at 2 55 p.m.

The CAUSE OF DEATH* was as follows:

Prematurity

Congenital Atelectasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) J. Warren Albrittan, M. D.

. 19 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY MEDICAL SCHOOL DATE OF BURIAL SEP 30 1937 19

20 UNDERTAKER Commissioner of Health ADDRESS

Per H. A. Moore

39539

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39539

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers of Amer. Hospital Ward) 20-54

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James F. Rembold

If U. S. Veteran specify WAR ....

(a) Residence: No. 109 S. Franklintown Rd. Ward. ....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Rembold

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Carpenter

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Rembold

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Fredericka Persching

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Laib

(Address) 109 S. Franklintown Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Oct 2 1937

19. UNDERTAKER Hally H. Fickle & Son Funeral Dirs.

(Address) ....

Oct 1 1937, 19 ....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of R. Humerus	
Broncho Pneumonia	
Other contributory causes of importance:	

Was an operation performed? .... Date of ....

For what disease or injury? ....

Name of operation .... Date of ....

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Sept 29, 1937

Where did injury occur? 109 S. Franklintown Rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down Steps

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) H. H. Orndorff, M. D.

(Address) 735 W Lan[illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P 30 1937

V S 6

F 39540

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39540

CERTIFICATE OF DEATH

✓118

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St., 25-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Milton G.Wood

(a) Residence: No. 1814 Morrell Park Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte M.Wood

6. DATE OF BIRTH (month, day, year) June 27, 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Station Prop.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Milton. R.Wood

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Agnes Riggs

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Charlotte M.Wood

(Address) 1814 Morrell Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 1937

19. UNDERTAKER Edward Gordon

(Address) Casa Blanca

FILED 1937

Registrar

SEP 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Acute Indigestion	
Acute Dilatation of Heart	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, (how?)

(Signed) [illegible] M. D.

Coroner

(Address) 2737 Auburn Ave

OCCUPATION is very important. See instructions on back of certificate.

F 39541

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39541

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 Redwood St., 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Beatrice Buck

If U. S. Veteran specify WAR .....

(a) Residence: No. 720 Redwood St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Nov. 16, 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private home

10. Date deceased last worked at this occupation (month and year) August 1937

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FATHER

13. NAME Isaac Buck

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md.

MOTHER

15. MAIDEN NAME Charlotte Cook

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Charlotte Buck (M.)
(Address) 720 Redwood St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Johns Cem. Calvert Co. Date 10-2-1937

19. UNDERTAKER Chas. H. Cooper
(Address) 514 N. Calhoun St.

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26. 1937

22. I HEREBY CERTIFY, That I attended deceased from June 10. 1937 to Sept-26 1937

I last saw her alive on Sept 26 1937 Death is said to have occurred on the date stated above, at 12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
1 yr.	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) David Trunnell M. D.

(Address) 22 W Lee St.

VS 3

Spec.—1-30—M. & T.—250 Blks.

F 39542

F 395

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

182-a

REGISTERED NO. 6-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2117 Dennison ST., (WARD) 6

2-FULL NAME Molly Jay Katz

(a) RESIDENCE NO. 1338 N. Broadway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

3a If married, widowed, or divorced HUSBAND of or) WIFE of Benj. Katz

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Abraham Zemmel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Lena

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Benjamin Katz (Address) 1338 N. Broadway Balto

15 Filed SEP 30 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 30 1937

17 I HEREBY CERTIFY, That I attended deceased from Sept. 16th, 1937, to Sept. 30th, 1937, that I last saw her alive on Sept. 29th, 1937, and that death occurred, on the date stated above, at 8:45 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edward C. Reisinger, M. D.

, 19 (Address) 2245 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel

DATE OF BURIAL 10/1/37 19

20 UNDERTAKER Jack Lewis Inc

ADDRESS 1437 E. Baltimore St

TION is very important. See instructions on back of certificate.

F 39543

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39543

CERTIFICATE OF DEATH

1. PLACE OF DEATH Straph Hospital 9-5210-M. Registered No.

CITY OF BALTIMORE: (No. 5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Mercer If U. S. Veteran specify WAR to Record

(a) Residence: No. 1132 Hope St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sidney Mercer

6. DATE OF BIRTH (month, day, year) Mar 2 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Knoxville Tenn

FATHER

13. NAME Lewis Moran

14. BIRTHPLACE (city or town) (State or country) Keyser W Va

MOTHER

15. MAIDEN NAME Mhudson

16. BIRTHPLACE (city or town) (State or country) Keyser W Va

17. INFORMANT Sidney Mercer
(Address) 212 Robinson Ave Med Dr

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Oct 1 19 37

19. UNDERTAKER William Cox
(Address) 1217 St Paul St.

20. FILED 19 Registrar.
Oct 1 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came
(Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	9/27

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 9/27 19

Where did injury occur? Hoffman & Asquith St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Side walk

How was injury sustained? Struck by rear f auto -

Was injury [illegible] Was [illegible] Was disease or injury [illegible] contribute to death? Was [illegible] to occupation of deceased?

If so, specify

(Signed) Hubert Gourley, M. D.
Coroner

(Address) 901 N Charles

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

39544 E 39544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-AA

1. PLACE OF DEATH Hopkins — 7-3

CITY OF BALTIMORE: (No. ..... St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mulvaney A Thompson

If U.S. Veteran, specify WAR. No Record

(a) Residence: No. 2334 Mulvaney St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Catherine Thompson

6. DATE OF BIRTH (month, day, year): April 24 1875

7. AGE — Years: 62 | Months: 5 | Days: 2 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lumper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Winter

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation: 2 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Charles Thompson

14. BIRTHPLACE (city or town) (State or country): Pittsburgh Pa

MOTHER

15. MAIDEN NAME: Sarah Webster

16. BIRTHPLACE (city or town) (State or country): Pittsburgh Pa

17. INFORMANT (Address): Catherine Thompson 2334 Mulvaney St

18. BURIAL, CREMATION, OR REMOVAL — Place: Woodland Pk Date: Oct 2 37

19. UNDERTAKER (Address): William Cook 1217 St Paul Street

20. FILED: Oct 3 1937 Huntington Williams, Registrar

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 29 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

confirmed by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	9/15
Other contributory causes of importance: Stomach Ulcers	9/11 ?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 9/29 1937

Where did injury occur? On Belair Road (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Fell from Truck in Govans, Balto. Co.

Manner of injury: Struck by Auto while working

Nature of injury: Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? No, apparently

(Signed) Helen Gurley Otto, M. D. Coroner

(Address) 901 N Charles St

OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 39545

HEALTH DEPARTMENT—CITY OF BALTIMORE

39545

CERTIFICATE OF DEATH

Registered No. 163

1. PLACE OF DEATH Druid Hill Park (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Joseph F Coursey

(a) Residence: No. 3 Randal Ave St., Ward. Pikesville (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Malinda S Coursey

6. DATE OF BIRTH (month, day, year) May 15-1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	4	4 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gas Electric

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lab. Mechanic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oxford md

FATHER

13. NAME Robert Coursey

14. BIRTHPLACE (city or town) (State or country) Greensboro, md

MOTHER

15. MAIDEN NAME Minnie Chapman

16. BIRTHPLACE (city or town) (State or country) Meadville Pa.

17. INFORMANT Address Malinda S Coursey

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Oct 2 37

19. UNDERTAKER William Cook (Address) 1217 E Baul St

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows: Suicide — Probably by ride of Potash

Date of onset

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) John A Evans M. D.

(Address) Coroner Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 39546

STATE OF MARYLAND—CERTIFICATE OF DEATH

F 39546

1. PLACE OF DEATH

County Baltimore

Village or City Baltimore

20-192 Registration Dist. No.

No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Ethridge W. Greenfield

(a) Residence: No. 1838 W. Fayette St. Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, [illegible] (write word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 1, 1865

7. AGE — Years: 72 — Months: 7 — Days: 29 — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Clerk in Contract

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. B & O R.R. Co.

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Harford Co. Maryland

FATHER

13. NAME Amos H. Greenfield

14. BIRTHPLACE (city or town) (State or country) Harford Co. Maryland

MOTHER

15. MAIDEN NAME Phoebe Jarrett

16. BIRTHPLACE (city or town) (State or country) Chester Pa.

17. INFORMANT (Address) Kent Roberts Greenfield Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place Chester Cemetery Date 10/2 1937

19. UNDERTAKER (Address) Ralph K. Gaither Chesterton, Md.

20. [illegible] 19 [illegible] Register.

SEP 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 30, 1937 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 3- 1937 to Sept 30- 1937

I last saw him alive on Sept 30 1937; death is said to have occurred on the date stated above, at 1 P.M.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	?

Other **Contributory Causes** of importance:

Cancer & Decompensation July 30 37

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury ____, 19____

Where did injury occur? ____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Chas A. Carter M.D.

(Address) 2175 N. Balto St M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

TION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 39547

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 7-5 X

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Snyder

If U. S. Veteran specify WAR

(a) Residence: No. 718 Shirley ave St., Norfolk Va Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate

6. DATE OF BIRTH (month, day, year) 1872 9-20-37

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant-

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H45

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Morris Snyder

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Esther Cohen

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Norfolk Virginia Date Oct 1. 1937

19. UNDERTAKER Sol Levinson & Bro

(Address) 1124-1126 W. North ave

20. FILED ..... 19 ..... Registrar

Oct 1 1937 Wm. F. Lyle

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-30. 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1937 to Sept 30, 1937

I last saw h.im alive on Sept 30, 1937. Death is said to have occurred on the date stated above, at 8.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Disease of coronary arteries	
Coronary Thrombosis	9/20/37
Other contributory causes of importance:	
Arteriosclerosis	1934

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sarah G. Brownlee M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39548 — 82-F 39548 — Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 S Bethel St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Steven W Wilkins

(a) Residence: No. 110 S Bethel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Saffney S C

FATHER

13. NAME James Wilkins

14. BIRTHPLACE (city or town) (State or country) S C

MOTHER

15. MAIDEN NAME Della Thomas

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Mrs Irene Rogers

(Address) 1214 Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 10/1 1937

19. UNDERTAKER Joseph G Locke Inc

(Address) 2452 Different St

20. FILED Oct 1 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, find that said deceased came to h[illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Sept 29 1937
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no Date of

What test confirmed diagnosis? history Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen, M. D. Coroner

(Address) 50 Augusta St

OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 39549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13a F 39549

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 Banks St. 3-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Andrew Brothers Sr

If U. S. Veteran specify WAR .....

(a) Residence: No. 1422 Banks St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 16 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
5	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Andrew Brothers Sr

14. BIRTHPLACE (city or town) (State or country) Norfolk Va

MOTHER

15. MAIDEN NAME Ethel Mansfield

16. BIRTHPLACE (city or town) (State or country) Norfolk Va

17. INFORMANT Andrew Brothers Sr

(Address) 1422 Banks St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date 10/1/37

19. UNDERTAKER Joseph L. Locke Jr

(Address) 1312 Jefferson St

FILED OCT 1 1937 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said [illegible] find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dysentery probably Amebic	Sept 25

Other contributory causes of importance:

Was an operation performed? — Date of ...

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis Stool Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Cullen, M. D.

(Address) 509 Aisquith St.

OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

39550 F 39550

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 St. Paul St. 11-1 Ward)

Length of residence in city or town where death occurred 34 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Massart

If U.S. Veteran specify WAR No Record

(a) Residence: No. 615 St. Paul St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or wife of)~~ Jeannette Massart

6. DATE OF BIRTH (month, day, year) Jan 3rd 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as ~~spinner~~, sawyer, bookkeeper, etc. Consulting Engineer

9. Industry or business in which work was done, as ~~silk mill~~, saw mill, bank, etc. Self M30

10. Date deceased last worked at this occupation (month, day, year) 6/30/37

11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (city or town) (State or country) Paris France

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Jeannette Massart
(Address) 615 St. Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Oct 1st 1937

19. UNDERTAKER William Cook
(Address) 1217 St. Paul St

20. FILED ..... Registrar. Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29th 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/30 1927, to 9/29 1927

I last saw h~~is~~ alive on 9/29 1927. Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronko Pneumonia	9/24/37
Cerebral Hemorrhage	6/30/37
Hypertension	1925

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H Hyneberg, M. D.

(Address) 2020 Garland Pl

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

39551

CERTIFICATE OF DEATH

23 F 39551

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2109 E Preston St. 8-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David Chaffman

If U.S. Veteran specify WAR No Record.

(a) Residence: No. 2109 E Preston St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~ (write the word): Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or WIFE of)~~: Bridget Chaffman

6. DATE OF BIRTH (month, day, year): Feb 3rd 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Pullman & Wilson

10. Date deceased last worked at this occupation (month and year): 1932

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Phila Pa

FATHER

13. NAME: Benjamin Chaffman

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Margaret Bosley

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mary J. Murphy

(Address) 2109 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Oct 2nd 1937

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

OCT 1 - 1937

... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 29th 1937

22. I HEREBY CERTIFY, That I attended deceased from August 15 1937 to Sept 29 1937

I last saw him alive on Sept 28 1937. Death is said to have occurred on the date stated above, at 9:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Tuberculosis	Sept 29
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) J. Howard McDonald, M. D.

(Address) 613 E. Lafayette Ave.

F 39552

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39552

CERTIFICATE OF DEATH

Registered No. 1132

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. John Hopkins Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Vet. specify WAR No Record

2. FULL NAME Ann Palmer Carroll
(a) Residence: No. 4221 Elderon Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. Color or Race White
5. Single
5a. If married, widowed, or divorced HUSBAND of WIFE of
6. DATE OF BIRTH (month, day, year) June 15th 1935
7. AGE Years 2 Months 3 Days 30 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER
13. NAME John R. Carroll
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME Celeste Banner
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Ines B. Carroll
(Address) 4221 Elderon Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct 4 37

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Huntington Williams Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schmeisser, M. D. Coroner
(Address) 1417 E. Fayette St

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

39553

CERTIFICATE OF DEATH

47-E 39553

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. S. B. Gen. Hosp. St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME James E. Collins

(a) Residence: No. 21 E. Center St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Unknown

6. DATE OF BIRTH (month, day, year) Jan. 27 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — W.P.A.

10. Date deceased last worked at this occupation (month and year) — 1 yr

11. Total time (years) spent in this occupation — 20 yrs

12. BIRTHPLACE (city or town) (State or country) — Steelton Pa.

FATHER

13. NAME — Patrick Collins

14. BIRTHPLACE (city or town) (State or country) — Ireland

MOTHER

15. MAIDEN NAME — Annie Barrett

16. BIRTHPLACE (city or town) (State or country) — Ireland

17. INFORMANT — Miss Helen Collins

(Address) Steelton Pa.

18. BURIAL, CREMATION, OR REMOVAL — Mt. Calvary Steelton Pa. Oct 1 1937

19. UNDERTAKER — Wallace & Tucker

(Address) North & Pa. Ave.

20. FILED — Oct 1 1937 — Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-11 1937 to 9-30 1937

I last saw him alive on Sept 30 1937 Death is said to have occurred on the date stated above, at 12:40 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchogenic Carcinoma — Date of onset 8-25-37

Esterzymic Ca.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elston Resnick M. D.

(Address) S. B. Gen. Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39554

CERTIFICATE OF DEATH

59 F 39554

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 433 Aisquith St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? 75 yrs. mos. ds.

2. FULL NAME Annie Miller

If U. S. Veteran specify WAR

(a) Residence: No. 433 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widow

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Phillip Dasch

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Von Roan

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Son Dasch
(Address) 433 Aisquith

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship 10-1-37
Date

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E. Baltimore St

20. FILED OCT 1 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1937 to Sept 30, 1937

I last saw her alive on Sept 29, 1937 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sept 16-37
Other contributory causes of importance: Diabetes Mellitus	30 yrs?

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. L. Davidson, M. D.

(Address) 3228 Eastern ave

INSTRUCTIONS ON BACK OF CERTIFICATE.

Cluster

HEALTH DEPARTMENT—CITY OF BALTIMORE

39555 ✓59 F 39555

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3922 Banner St. 9-B Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin Cluster

If U. S. Veteran specify WAR .....

(a) Residence: No. 3922 Banner Rd. St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fanny

6. DATE OF BIRTH (month, day, year) .....

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worie

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Houses

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham Cluster

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Eva

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Herman Cluster

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

By Pikesdale Date 10-1-37 19

19. UNDERTAKER Jack Levin Jr.

(Address) 1439 E. Baltimore St.

20. FILED ..... 19 ..... Registrar

GT 1-1837 Arrington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-30-37

22. I HEREBY CERTIFY, That I attended deceased from 9/30 1937 to 9/30 1937

I last saw him alive on 9/30 1937 Death is said to have occurred on the date stated above, at 10:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	
Other contributory causes of importance:	
Ch Diabetes	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos. Hornstein, M. D.

(Address) 733 Augusta St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39556

CERTIFICATE OF DEATH

18 F 39556

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St.) Ward 7

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bernard Smith

If U. S. Veteran specify WAR

(a) Residence: No. 1707 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 28, 1922

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
15	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schools

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jacob J. Smith

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Katie Johnson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mother
(Address) 1707 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Oct. 6 1937

19. UNDERTAKER Thomas E. Kelly
(Address) 1803 Pennsylvania Ave.

OCT 1 - 1937 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-30- , 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-26- , 1937 to 9-30- , 1937

I last saw h. alive on 9-30- , 1937 Death is said to have occurred on the date stated above, at 5-15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcic meningitis	9-27
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. M. Vaughn Schaefer M. D.

(Address) Sydenham Hosp

M. D. B. 1268-9

B 39557

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 39557

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH Provident Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Pennsylvania St. 15-1 Ward)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Vera Stell (Dorsey)

(a) Residence: No. 1602 N. Gilmor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Hill

6. DATE OF BIRTH (month, day, year) Mar. 26, 1910

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
27	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Gilmore

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Cora Dorsey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Rachel Davenport

(Address) 1632 Gilmore

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct. 2, 1937

19. UNDERTAKER Saml. M. Elcock & Sons

(Address) 1538 N. Gilmor

20. FILED OCT 1 - 1937 Christine Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-12, 1937 to 9-28, 1937

I last saw her alive on 9-28, 1937. Death is said to have occurred on the date stated above, at 9:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intest. Obstruction	
Paralytic Ileus	
Bronchial Pneumonia	

Other contributory causes of importance:

Name of operation Exploratory Date of 9-28

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Rae Talbert M. D.

(Address) Provident Hosp

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 39558

CERTIFICATE OF DEATH

26314 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 18-324 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Harry Barksdale Jr. (Blaksdale)

If U. S. Veteran specify WAR .....

(a) Residence: No. 114 S. Stockton St. St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-1-32

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	5	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Harry Barksdale (Sr)

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Irene Chandler

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivers Date Oct 2nd '37

19. UNDERTAKER A. Jones

(Address) 1111 E Fayette St.

20. FILED OCT 1 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29. 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1937 to Sept 29, 1937

I last saw h... alive on Sept 29, 1937. Death is said to have occurred on the date stated above, at 12.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	Sept 6

Other contributory causes of importance:

Nil

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. C. Goodwin, M. D.

(Address) Balt. City Hosp.

Huntington Williams, M.D.

Instructions on back of certificate.

39559

HEALTH DEPARTMENT—CITY OF BALTIMORE

39559

CERTIFICATE OF DEATH

CERTIFICATE CORRECTED 3-30-65 V 108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital 19-1 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Jesse W. Teacher

If U. S. Veteran specify WAR

(a) Residence: No. 401 N Fulton Ave St., a Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Effie A.

6. DATE OF BIRTH (month, day, year) Nov 6, 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House painter

10. Date deceased last worked at this occupation (month and year) December 1936

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) N. Carolina

FATHER

13. NAME George Teacher

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Elizabeth West

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Hospital Record
(Address) Saratoga & Calvert Sts

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date 10/2 1937

19. UNDERTAKER John J Cowan & Son
(Address) 409 Cathedral St.

20. FILED 10-2 1937 H. Livingston Hartman, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1937 to Sept 30, 1937

I last saw h[illegible] alive on Sept 30, 1937 Death is said to have occurred on the date stated above, at 4.29 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	9-24-37
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard M Pembroke M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 3

10-2 1937

E 39560 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E 39560

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1937 Booth St. 20-3 Ward)

Length of residence in city or town where death occurred 30 Yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rud and Speare

(a) Residence: No. 1937 Booth St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Bessie Speare

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Speare

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lulu Bryan

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Bessie Speare

(Address) 112 N. Edmondson

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Date Oct 1, 1937

19. UNDERTAKER Edw Bryan

(Address) 1241 Orleans St

Registered, 19

OCT 1 - 1937 Huntington Funeral Home, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest, find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	About Sept 1 1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo L. Allen M. D.
Coroner

(Address) 507 Augusta St

OCCUPATION IS VERY important. See instructions on back of certificate.

F 39561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 F 39561

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 27-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Vonmaurice Hill

(a) Residence: No. 4509 St George Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 19, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John O. Hill

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Virgina Ford

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) John O. Hill 4509 StGeorge Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Mount Zion Date Oct 2 1937

19. UNDERTAKER (Address) Joseph A. Sisly 409 W Mount Street

20. FILED Oct 1-1937 Huntington Pittsburgh, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. H. Crockett M. D.

(Address) 3737 E. Monument

INSTRUCTION IS very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39562

CERTIFICATE OF DEATH

1108 F 39562

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 144 Colvin St., 5-1 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Thomas

If U. S. Veteran specify WAR .....

(a) Residence: No. 144 Colvin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Deceased

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John McArthur
(Address) 814 Laurens St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 10-2 1937

19. UNDERTAKER Sas. & Skinner
(Address) 1189 Hyde Park ave

20. FILED 10-1 1937 Washington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-29 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-21 1937 to 9-29 1937

I last saw him alive on 9-29 1937. Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	9-24-37
Other contributory causes of importance:	
Indefinite	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Nature & Symptoms No

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos. H. Blake M. D.

(Address) 924 Fragnuth St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39563

CERTIFICATE OF DEATH

45-B F 39563

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3507 E Lombard St. 26-8 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick Osterman

If U. S. Veteran specify WAR .....

(a) Residence: No. 3507 E Lombard St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Osterman

6. DATE OF BIRTH (month, day, year) May 18 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mariner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Dost Knon

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dost Knon

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank B. Osterman

(Address) 3507 E. Lombard

18. BURIAL, CREMATION, OR REMOVAL

Oak Lawn Cem Date Oct 2 / 37

19. UNDERTAKER John Ulrich

(Address) 2000 Aisquith St

FILED OCT 1 1937

Huntington-Williams Mort. Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-6-, 1937, to 9-30, 1937

I last saw h... alive on 9-30-, 1937. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of tongue
Metastatic adenoma of cervical glands
Arteriosclerosis

Date of onset: 2

Other contributory causes of importance:

Chronic myocarditis

Was an operation performed? No Date of —

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John J Gorsch, M. D.

(Address) 14 N East ave

F 39564 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 50 F 39564

1. PLACE OF DEATH 3401 N. Calvert

CITY OF BALTIMORE: (No. ..... St. 12-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Nettie Goldsborough

If U. S. Veteran specify WAR .....

(a) Residence: No. 3401 N. Calvert St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) January 18, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book-keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mettee & Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Richard A. Goldsborough

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Catherine Hooper

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Address) Mr. Arthur H. Goldsborough 1904 Homewood Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cemetery Date Oct. 37

19. UNDERTAKER (Address) Jno. J. Dickey & Son 1711 Eutaw Ave

FILED OCT 1 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Ker

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	9/29/37
Other contributory causes of importance: Cancer of R. Breast	June 5 '37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation No Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John N. Crain, M. D. Coroner

(Address) Coroner

OCCUPATION IS VERY important. See instructions on back of certificate.

V 8 6

.285

Green

HEALTH DEPARTMENT—CITY OF BALTIMORE

39565 F 39565

CERTIFICATE OF DEATH

Registered No. 15-1097

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4017 Ridgewood St., 45 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Frances Ellen Collison

If U. S. Veteran specify WAR

(a) Residence: No. 4017 Ridgewood Ave., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George W.

6. DATE OF BIRTH (month, day, year) April 17 1846

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	91	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Newman

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs N B. Keen

(Address) 4017 Ridgewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Oct 2 1937

19. UNDERTAKER Wilhelm Bros Funeral Home

(Address) 1 W Lafayette Ave

20. FILED Oct 1 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1936, to Sept 30, 1937

I last saw her alive on Sept 26, 1937. Death is said to have occurred on the date stated above, at 11:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Sept 24 1937
coma	Sept 30

Other contributory causes of importance:

Arteriosclerosis, Senile Dementia	5 years ago

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [redacted] Maurice L. Hamer, M. D.

(Address) 3200 W. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39566

CERTIFICATE OF DEATH

95-B F 39566

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 738 Penna Ave St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Martin

If U. S. Veteran specify WAR

(a) Residence: No. 738 Penna St., Ward. (Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Rosa Martin

6. DATE OF BIRTH (month, day, year): ? 1886

7. AGE: Years 51; Months 7; Days 7; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Copper Smith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New Bedford Mass

FATHER

13. NAME: Mayo Martin

14. BIRTHPLACE (city or town) (State or country): Brazil

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Frank Martin

(Address): 738 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: Oct 4 37

19. UNDERTAKER: Wm. Duckworth & Son

(Address): 1101 Pennsa Ave

20. FILED: Huntington Williamsburg, N.Y.

OCT 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/29/37

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1937, to Sept 29, 1937

I last saw her alive on Sept 29, 1937. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance are as follows:

Cerebral Hemorrhage — Date of onset

Hypertension — Date of onset

Patient senile — Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Samuel J. Hanson M.D.

(Address) Benjamin Falls Pkwy

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39567

CERTIFICATE OF DEATH

194-B F 39567

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3535 Maryland Road St. 12-1 Ward)

Length of residence in city or town where death occurred 59 yrs. 1 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME (Mrs.) Barbara Schmidt

(a) Residence: No. Ambassador Apartments St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Late August C. Schmidt

6. DATE OF BIRTH (month, day, year) Aug. 5-1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Eugene Boos

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Mauclay

16. BIRTHPLACE (city or town) (State or country) Baltimore County

17. INFORMANT Mrs. M. Eyler

(Address) 605 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Oct 2 19 37

19. UNDERTAKER Pearce & Eyler

(Address) 1618 E. Baltimore

20. FILED OCT 1 1937 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29th 1937

22. I HEREBY CERTIFY, That I attended deceased from July 27 1937 to Sept 29 1937

I last saw h.. alive on Sept 29th 1937. Death is said to have occurred on the date stated above, at 4:40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	
Cerebral hemorrhage	
Other contributory causes of importance:	
Pulmonary edema	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B. Kader M. D.

(Address) 2306 Eutaw Place

39568 HEALTH DEPARTMENT—CITY OF BALTIMORE 39568

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Sisters of the Poor St., 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Finnegan

If U. S. Veteran specify WAR

(a) Residence: No. 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster, Pa.

FATHER

13. NAME James Finnegan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Hanley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sister Stanislas, Supr.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 2, 1937

19. UNDERTAKER J. A. Kirkpatrick
(Address) 114 Greenmount Ave

20. FILED OCT 1 - 1937, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1937, to Sept 30, 1937

I last saw her alive on Sept 24, 1937. Death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	?

Other contributory causes of importance:

Asthma	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. J. McCarthy M. D.

(Address) 117 Harford Ave

39569

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39569

CERTIFICATE OF DEATH

Registered No. 38-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Mack

If U. S. Veteran specify WAR

(a) Residence: No. 726 Mound St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	widow

5a. If ~~married, widowed, or divorced~~ (or) WIFE of William Mack

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Lola Curry
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lututus Cemetery Date Oct 2 1937

19. UNDERTAKER Thos. E. Kelson
(Address) 1303 Freestman St

20. FILED ..... 19..... Registrar.

OCT 1 - 1937 Funeral to Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29. 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1937 to Sept. 29, 1937

I last saw h[illegible] alive on Sept. 29, 1937. Death is said to have occurred on the date stated above, at 4:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	
Cerebral Hem.	
Other contributory causes of importance:	
Rt. Hemiplegia	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. Walley Shemyhan M. D.

(Address) 1606 Penna Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39570

CERTIFICATE OF DEATH

117-a F 39570

28-1

1. PLACE OF DEATH Maryland General Hospital

Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Reid W. Mowers

If U. S. Veteran specify WAR None.

(a) Residence: No. ~~1119 W. Lexington~~ 4402 Chatham Road. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Flora W. Mowers

6. DATE OF BIRTH (month, day, year) Sept. 28, 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 057

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME George Mowers

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Martha Palmer

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs. Flora W. Mowers.

(Address) 4402 Chatham Road

18. BURIAL, CREMATION, OR REMOVAL

Place Carlisle, Pa. Date Oct. 2- 1937

19. UNDERTAKER Charles J. Schwalb.

(Address) 505 N. Monroe St.

OCT 1 - 1937

~~Huntington~~ Wilmington, N.Y.

53

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1937 to Sept. 29, 1937

I last saw him alive on Sept 29, 1937 Death is said to have occurred on the date stated above, at 8:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Two perforated Gastric Ulcers	
Sub Diaphragmatic Abscess (Rt.)	

Other contributory causes of importance:

Pulmonary Abscesses

Pulmonary edema

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. P. Segerbrough Jr. M. D.

(Address) Maryland Gen'l Hosp.

F 39571

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39571

CERTIFICATE OF DEATH

119

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. X St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Eva Bousquet

(a) Residence: No. Stepney Ind. St., ... Ward. H.C.H.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan. 6, 37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME George Bousquet

14. BIRTHPLACE (city or town) (State or country) Minnesota

MOTHER

15. MAIDEN NAME Edna Baublitz

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Friends.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL OCT 1 - 1937

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED 19

OCT 1 - 1937 Registrar

3528

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 20th, 1937, to Sept 25, 1937

I last saw h.r alive on Sept 25, 1937 Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Non-specific Nephritis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James A. Hurdon M. D.

(Address) Johns Hopkins Hospital

39572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 131 F 39572

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2735 Harlem Ave. St., 16-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret T. Chase

If U.S. Veteran specify WAR ....

(a) Residence: No. 2735 Harlem Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of H. Palmer Chase, Sr.

6. DATE OF BIRTH (month, day, year) September 26, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	-	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A.S. Abell Co. 009

10. Date deceased last worked at this occupation (month and year) April 1936

11. Total time (years) spent in this occupation 12 years

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Paul Burton

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary M. Krah

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. H. Palmer Chase, Jr.
(Address) 2735 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Cemetery, Date October 1, 37

19. UNDERTAKER Fet. Cook
(Address) 1003 W. Baltimore St.

FILED 1937 Registrar. Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from August, 1933 to Sept. 29, 1937

I last saw her alive on Sept 29, 1937. Death is said to have occurred on the date stated above, at 5.15 A m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis, Chronic Endocardial (Mitral insufficiency) & Myocardial Disease with Hypertension-Arterio Sclerosis

Date of onset: Sept 1933

Other contributory causes of importance:

Cerebral Hemorrhage Sept 1937

Cerebral Hemorrhage April 1932

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) W. Michel M. D.

(Address) 2901 Edmondson Ave.

39573 | HEALTH DEPARTMENT—CITY OF BALTIMORE | F 39573

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2712 Fox St. St., 12-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Polly L. Gaines

(a) Residence: No. 2712 Fox St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Alex Haskins

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lida Hall

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) James Haskins 2712 Fox St.

18. BURIAL, CREMATION, OR REMOVAL Place Drakes Branch Va Date 10/21 1937

19. UNDERTAKER Frances A. Hemsley (Address) 518 W. Biddle St

20. FILED 1937 Thos. H. Williams Registrar.

1-15

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1937 to Sept 30 1937

I last saw her alive on Sept 30 1937 Death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis	Aug 5 37
Other contributory causes of importance:	
Cerebral Hemorrhage	Aug

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. A. Nicholson M. D.

(Address) 112 W. 25th St

39574

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39574

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 12 Ward) 12-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Ivy Lowery

(a) Residence: No. 1118 W. Franklin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mattie Lowery

6. DATE OF BIRTH (month, day, year) Oct. 4, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd jobs

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Lendron Lowery

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Laura Shuler

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Mattie Lowery

(Address) 1118 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Park Date 10/3 1937

19. UNDERTAKER Frances A. Hemsley

(Address) 538 N. Fiddle St

20. FILED 10-1-1937 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9. 30. 1937

22. I HEREBY CERTIFY, That I attended deceased from 9. 26. 1937 to 9. 30. 1937

I last saw him alive on 9. 30. 1937. Death is said to have occurred on the date stated above, at 10:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, right lower & middle lobes, Type I	9.26.37
Other contributory causes of importance: none	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical & Laboratory No Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) James D. Carr M. D.

(Address) 515 Mosher St

F 39575

39575 33767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. ..... St., 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Barksdale

(a) Residence: No. 1016 N. Wolfe St St., Ward. Oeler 13

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Negro | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 1, 99

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Louis Williams

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Cornelia Foster

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Oct 1 1937

19. UNDERTAKER Porter & Williams

(Address) 1515 N. Eden St

20. FILED ..... By ..... Registrar.

Oct 1 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26th 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 25th 1937 to Sept 26 1937

I last saw her alive on Sept 26 1937 Death is said to have occurred on the date stated above, at 3.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Hypertension Nephrosclerosis	2 yrs ago

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. F. Klinefelter Jr. M. D.

(Address) Johns Hopkins Hospital

39576

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 39576

8-6 54

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610-E.Oliver Street St., 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..life.. yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Ellen Batterden

If U. S. Veteran specify WAR .....

(a) Residence: No. 1610-E.Oliver Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward J. Batterden

6. DATE OF BIRTH (month, day, year) 6/29/1869

7. AGE	Years	Months	Days	If LESS than 1 day XXXXXX or ..... min.
	68	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frank Biggs

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Josephine Produca

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Edward J. Batterden

(Address) 161 -E.Oliver Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. 10/4/37

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735-Harford Ave.

20. FILED ..... Registrar.

10- 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/30/1937

22. I HEREBY CERTIFY, That I attended deceased (from April 1 1937 to Sept 30 1937

I last saw her alive on Sept 30 1937 Death is said to have occurred on the date stated above, at 330 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetis Mycarditi's	6 wks ago
Other contributory causes of importance: Cerebral Vascular Disease	

Was an operation performed? ..... Date .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Fred Ruzicka M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

39577

CERTIFICATE OF DEATH

46-C F 39577

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward) 20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~Lifetime~~ How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Selma R. Hamburger

If U. S. Veteran specify WAR .....

(a) Residence: No. 6305 Fordham Drive Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nathan Hamburger

6. DATE OF BIRTH (month, day, year) Dec 4 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61 62	9 10	29		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Elias Rohr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ida Wertheimer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. S. Rohr, (Address) New York

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Pl. Chet Shalom Cem. Date Oct. 3 1937

19. UNDERTAKER Harrod Sandmeyer & Sons (Address) 1702 Eutaw Place

20. FILED OCT 1 1937 19 ..... Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 1937 to Sept 30 1937

Last saw h.e alive on Sept 30 1937 Death is said to have occurred on the date stated above, at 8.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis Generalized	about July
Carcinoma of Colon	1936

Other contributory causes of importance:

None

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank M. Weaver M. D.

(Address) Union Memorial Hospital

39578 E 39578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

347-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 3-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Johnson (2513) If U. S. Veteran specify WAR .....

(a) Residence: No. 448 S. Dallas St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 12, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ida ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL OCT 1 - 1937
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED OCT 1 - 1937 [illegible] Registrar.

3:30 P

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1937 to September 28, 1937

I last saw him alive on September 28, 1937 Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, Lungs.	July 1937

Other contributory causes of importance: over

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) William A. Cassidy, M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 F 39579

F 39579

Registered No.

1. PLACE OF DEATH South Baltimore Gen. Hosp. St. 24-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby John Miller

(a) Residence: No 1218 William St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 4th 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm. Miller

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Helen Gardner

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm Miller

(Address) 1218 William St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Oct 2nd 1937

19. UNDERTAKER Leo G. Cook

(Address) 1703 N. Patterson Park Ave

20. FILED 10-1-1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 1. 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29. 1937. to October 1. 1937.

I last saw h'm alive on October 1, 1937. Death is said to have occurred on the date stated above, at 4 30/2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia - right lower lobe	9/29/37
Other contributory causes of importance: non-infectious diarrhea	9/26/37

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis J. Krolls M. D.

(Address) South Balto. Gen. Hosp.

39580

HEALTH DEPARTMENT—CITY OF BALTIMORE

39580

CERTIFICATE OF DEATH

Registered No. 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1838 W Fayette St. 20-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Amos Hatton Grunfield

(a) Residence: No. 8 S Eutaw St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian E Grunfield

6. DATE OF BIRTH (month, day, year) Mch 3-1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Amos H. Grunfield

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Phoebe Garrett

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Lillian Grunfield

(Address) 8 S Eutaw St

18. BURIAL, CREMATION, OR REMOVAL. Place Pretoria Date Oct 2 37

19. UNDERTAKER Hugh Lennon Sons

(Address) 1000 Park Ave

20. FILED ... 19 ... Huntington ... Registrar.

Oct 1 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1937, to Sept. 30, 1937. I last saw h... alive on Sept. 30, 1937. Death is said to have occurred on the date stated above, at 2.05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Immediate
Other contributory causes of importance:	
Arterio-sclerosis, hyperten-sion	1934
Cardiac hypertrophy	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation none

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

No If so, specify ...

(Signed) Frank H. Ogden, M. D.

(Address) 2701 N. Calvert St

F 39581

39581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

144-a

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hospital (Ward) 9

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U.S. Veteran specify WAR ____

2. FULL NAME Mrs. Virgie Harris

(a) Residence: No. Cary Hall, Md St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Female	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Harris

6. DATE OF BIRTH (month, day, year) Nov. 16, 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) 6 mos

11. Total time (years) worked in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Hartman Arent

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sally Morgan

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT John H. Harris

(Address) Cary Hall Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Oct. 2. 1937

19. UNDERTAKER Frederick Loudenslager

(Address) 7401 Eastern Ave

20. [illegible] Huntington [illegible]

-1937.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-30-37 - 2:50 p.m. 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-29-37, 19__, to 9-30-37, 19__. I last saw h[illegible] alive on 9-30-37, 19__. Death is said to have occurred on the date stated above, at 2:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Placenta Praevia	
Other contributory causes of importance: Hemorrhage	

Was an operation performed? Yes Date of 9-30-37

For what disease or injury? Incision

Incision

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ____, 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Gilbert E Redman M. D.

(Address) St Joseph's Hospital

39582 F 39582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

21-5 1131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 500 Orkney Road St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME ROSE ANN MAHER

(a) Residence: No. 500 Orkney Road St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of—
(or) WIFE of William J. Maher

6. DATE OF BIRTH (month, day, year) Jan. 7, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	8 3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME John H. Wade

14. BIRTHPLACE (city or town) (State or country) Halifax Nova Scotia

MOTHER

15. MAIDEN NAME Rose A. Reilly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Mrs) Alice Maher (Address) 500 Orkney Road

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Cem. Date Oct. 2 19 37

19. UNDERTAKER Chas F. Kraus & Son (Address) 118 W. Mt. Royal Ave

20. FILED Oct 1 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 30 19 37

22. I HEREBY CERTIFY, That I attended deceased from October 1936 to Sept 30 1937
I last saw h[illegible] alive on Sept 24 1937 Death is said to have occurred on the date stated above, at 1a m.

The principal cause of death and related causes of importance were as follows:

	Duration
Chr Hyp Cardits.	1922
Arteriosclerosis with Hypertension	?
Other contributory causes of importance: Chr Interstit. Nephritis	?

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) William L. Sappington M. D.

(Address) 10 E. Biddle St

F 39583

39583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 9-6 (Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Miss Estate Sellers

(a) Residence: No. 2813 Alameda Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 30 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Clerk Government
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Sellers
14. BIRTHPLACE (city or town) (State or country) Douglasville Ga

MOTHER

15. MAIDEN NAME Mary E. Lewis
16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Harriett Sellers
(Address) 2813 Alameda Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary's Cem Kensington Date Oct. 4-37

19. UNDERTAKER Chas H. Maus Sons
(Address) 118 W. Mt. Royal Ave

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 1937 to Sept 30 1937
I last saw her alive on Sept 30 1937 Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease	
Chronic Myocarditis	
Acute Pulmonary Edema	9-30-37

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph E. Burke M.D.

(Address) University Hospital

6

39584 HEALTH DEPARTMENT—CITY OF BALTIMORE F 39584

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mt. Sin. Hospital - 2 Registered No. V 35a

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Lawer If U. S. Veteran specify WAR .....

(a) Residence: No. 1002 Argyle Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 4,

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) [illegible] D. C.

MOTHER

15. MAIDEN NAME Lillie Lawry

16. BIRTHPLACE (city or town) (State or country) [illegible] D. C.

17. INFORMANT Mrs. Wigfield

(Address) 1002 Argyle Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL OCT 1 - 1937 19

COMMISSIONER OF HEALTH

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED ..... 19 ..... Registrar

V 6 1937 35.38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ..... death on the day stated above. 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Urethra from Strictures, Edema of Abdomen Pericarditis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harry Lawer Coroner, M. D.

(Address) 1215 Hanover

M. D. B. 1268-9

39585

HEALTH DEPARTMENT—CITY OF BALTIMORE

39585

CERTIFICATE OF DEATH

1. PLACE OF DEATH Monastery of St. Mary Magdalen — Registered No. 93-D

CITY OF BALTIMORE: (No. 15 South Mount St., 19-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Sister Magdalen of St. Elizabeth (Ellen Jordan)

(a) Residence: No. 15 South Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 26, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	88	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid Former occupation. sewing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kingston, N. Y.

FATHER

13. NAME Charles Jordan

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Grimes

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sisters of Good Shepherd
(Address) 15 S. Mount St.

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Cem. Date Oct 6 1937

19. UNDERTAKER John F. Cahill & Son
(Address) 1600 Light St.

OCT 7 - 1937

Filed ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1st, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1937, to Sept 30th, 1937

I last saw her alive on Sept 30th, 1937. Death is said to have occurred on the date stated above, at 1a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	1936

Other contributory causes of importance:
Arteriosclerosis (Senile)

Name of operation a Date of

What test confirmed diagnosis? Was there an autopsy? a

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? a If so, specify

(Signed) H. Coutard, M. D.

(Address) 300 N. Calvert St

F 39586

HEALTH DEPARTMENT—CITY OF BALTIMORE

39586

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2910 Wymans Pkwy St., 12 Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 14 ds. How long in U. S. If of foreign birth 74 yrs. 9 mos. 10 ds.

If U. S. Veteran specify WAR NONE.

2. FULL NAME Grace Noakes

(a) Residence: No. 2910 Wyman Pkwy St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of (Single)

6. DATE OF BIRTH (month, day, year) December-20-1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Philadelphia Penna.

FATHER

13. NAME Rev. B.G. NOAKES

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sarah Piper

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Thos L Berry - (sister)
(Address) 2910 Wyman Pkwy.

18. BURIAL, CREMATION, OR REMOVAL
Place Cleveland, O. Date Sept-1- 1937

19. UNDERTAKER Stewart Mower Co.
(Address) 108 W 23rd Ave.

20. FILED ..... 19..... Registrar.

Sept - 1937 Huntington Tompkins, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1937, to Sept 30, 1937

I last saw h.r alive on Sept 30, 1937 Death is said to have occurred on the date stated above, at 11:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	2 yrs
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) [illegible] M. D.

(Address) 2020 E. Chase

39587 F 39587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

446-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2112 Frederick Ave 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Auguste L. Matthiesse

If U. S. Veteran specify WAR .....

(a) Residence: No. 2112 Frederick Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Matthiesse

6. DATE OF BIRTH (month, day, year) March 26-1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Knecht

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Theodor Matthiesse

(Address) 2730 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Cemetery Date October 2 1937

19. UNDERTAKER George L. Schwartz

(Address) 2101 Frederick Ave.

20. FILED 19 Registrar

OCT 1 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from October, 1935, to Sept 29 1937

I last saw h[illegible] alive on Sept. 27, 1937 Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Intestines Colon	6 Months
Other contributory causes of importance Hypertension Old Age	2 Years

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. J. Shore M. D.

(Address) 716 Baltimore St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39588 CERTIFICATE OF DEATH 210-B F 39588

Registered No. 22-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 S. Charles St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. + mos. + ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hosie Hopkins

If U.S. Veteran specify WAR

(a) Residence: No. 610 S. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Hopkins

6. DATE OF BIRTH (month, day, year) Mar - 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	6	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dairy Transfer Mule

10. Date deceased last worked at this occupation (month and year) Oct - 36

11. Total time (years) spent in this occupation 3 yr.

12. BIRTHPLACE (city or town) (State or country) Sugar Land Mississippi

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Lillie Hopkins

16. BIRTHPLACE (city or town) (State or country) Sugar Land Mississippi

17. INFORMANT Anna Hopkins
(Address) 610 S Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Oct. 4 37

19. UNDERTAKER James Adams & Son
(Address) 172 N Dallas St

20. FILED OCT 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept - 29. 1937

22. I HEREBY CERTIFY, That I attended deceased from April - 17. 1937 to Sept - 29. 1937

I last saw h alive on Sept 27. 1937 Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Tuberculosis	7/37 -

Other contributory causes of importance:

accident Burns & Scalding? Oct - 20 - 36 —

Was an operation performed? Semal Date of mercy

For what disease or injury? Cut Hospital Name De Paul Hosp

What test confirmed diagnosis? Post Cut Hospital — Was there an autopsy? Over

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? As above —

If so, specify

(Signed) Dante Trussoni M. D.

(Address) 142 N Dallas

39589 E 39589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 12181 (MB)

Registered No. 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 19 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Martha Guider

(a) Residence: No. 911 Pierce St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas Wopdling

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Jane

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT City nospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date Oct 2, 1937

19. UNDERTAKER Mrs Katie R Williams (Address) 322 S. Schroeder St.

20. FILED 1937 Residence Huntington Park, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 29. 1937

22. I HEREBY CERTIFY, That I attended deceased from August 11. 1937. to September 29. 1937.

I last saw h-r alive on September 29. 1937. Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 9-25-37

Other contributory causes of importance:

Hypertensive cardiovascular disease — Unknown

Cerebral Hemorrhage — Unknown

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

Spec.—8-16-29—L. F. S.—100 Bks.

F 39590

F 39590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓131

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1105 Myrtle Ave ST. 17 WARD)

2—FULL NAME Charles H. Timms

(a) RESIDENCE NO. 1105 Myrtle Ave ST. 17 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Blanie Timms

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	Sept.	✓	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Caston Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Maggie Timms

(Address) 1105 Myrtle Ave

15 Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-30-37

17 I HEREBY CERTIFY, That I attended deceased from Sept 20 1937 to Sept 30th 1937, that I last saw him alive on Sept 31st 1937 and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis one

(duration) ..... yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Unknown

(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Jas C Capers, M. D.

19 (Address) 735 Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Oct 4, 1937

20 UNDERTAKER Mrs. Katie R Williams

ADDRESS 322 N Schroeder St

M. D. B 1268-9

E 39591

39591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V16

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 16-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edwina R. Flavin

(a) Residence: No. 3306 Brighton St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 6, 1925

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	12	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME James M. Flavin

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Mary E. Buckingham

16. BIRTHPLACE (city or town) Woodbine (State or country) Maryland

17. INFORMANT Mr. James M. Flavin

(Address) 3306 Brighton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Oct. 9 1937

19. UNDERTAKER Chas. Roos

(Address) 1005 W. Baltimore St.

20. FILED Oct 11 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) October 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Poliomyelitis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, when? .....

(Signed) [signature] M. D.

Coroner

(Address) 2757 W. North Ave.

M. D. B 1268-9

F 39592

39592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

111-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2913 Windsor Ave. St., 15-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Albert Ernest Duncan, Sr.

(a) Residence: No. 2913 Windsor Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Effie C. Duncan

6. DATE OF BIRTH (month, day, year) July 16, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chicago Meat Market

10. Date deceased last worked at this occupation (month and year) Sept. 30, 1937

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Cockeysville Maryland

FATHER

13. NAME John D. C. Duncan

14. BIRTHPLACE (city or town) (State or country) Cockeysville Maryland

MOTHER

15. MAIDEN NAME Catherine Parks

16. BIRTHPLACE (city or town) (State or country) Cockeysville Maryland

17. INFORMANT Mrs. Effie C. Duncan

(Address) 2913 Windsor Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Marble Hill, Md. Oct. 2 19 37

19. UNDERTAKER Ed Hoff

(Address) 1005 W. Baltimore St.

20. FILED Oct 1 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolism and Hemiparesis from	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hanor, Coroner M. D.

(Address) 1215 Hanover St.

33 4757
39593

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39593

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Jackson

If U. S. Veteran specify WAR .....

(a) Residence: No. Lemmond Park, Md St., ... Ward. 14 L 4
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 7, 37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME James Jackson

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Eleanor Hays

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Friends.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Jones Sta Date Oct. 2 1937

19. UNDERTAKER J. B. Johnson
(Address) Annapolis

OCT 2 - 1937 Huntington Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 18th 1937 to Sept 30th 1937

I last saw him alive on Sept 30 1937 Death is said to have occurred on the date stated above, at 6 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary Dysentery - Flexner	1937
Paralytic Ileus	

Other contributory causes of importance:

Fistula of Cystic (Bile) Duct

Was an operation performed? Yes Date of IX-29-37

For what disease or injury? Paralytic Ileus

Name of operation Laparotomy

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) James A. Haviland M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39594

CERTIFICATE OF DEATH

F 39594

Registered No. 22-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital Ward) 8-5

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify War No Record

2. FULL NAME William E. Krause

(a) Residence: No. 2010 E. Preston St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

5a. If married, widowed, or divorced (of) Alice Krause

6. DATE OF BIRTH (month, day, year) Feb 22-1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Crane Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Aberdeen Md

MOTHER FATHER

13. NAME Conrad Krause

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Annie -

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Alice E. Krause 2010 E Preston St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Erin Md Date Oct 4th 1937

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1937 to Sept 30 1937

I last saw h im alive on Sept 30 1937 Death is said to have occurred on the date stated above, at 5-53 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction due to volvulus	9-29-37
Other contributory causes of importance:	

Was an operation performed? yes Date of 9-24-37

For what disease or injury? Bilateral inguinal hernias (no obstruction)

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert E. Rudisill M. D.

(Address) St. Joseph's Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39595 CERTIFICATE OF DEATH 26851--C M F 39595

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City nospts. St., 9-9 Ward) 59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Bertha Curtain

(a) Residence: No. 1618 Lamont Ave., St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Victory

6. DATE OF BIRTH (month, day, year) 2-7-1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Carl Winter

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Un.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Records of Balto. City nosts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Oct 4th 37

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

OCT 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 21, 1937, to September 30, 1937.

I last saw her alive on September 30, 1937. Death is said to have occurred on the date stated above, at 5.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9-22-37
Other contributory causes of importance:	
Cerebral hemorrhage	9-20-37
Diabetes mellitus	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. A. de Lambert M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

39596

CERTIFICATE OF DEATH

131 F 39596

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 E. Clement St. 2nd Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Elizabeth Youngman

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1400 E. Clement St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Youngman

6. DATE OF BIRTH (month, day, year) Jan 16 - 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Philip Blumenschein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Henry Youngman

(Address) 1403 E Clement St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Oct 4th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED OCT 2 - 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to Sept 30, 1937

I last saw her alive on Sept 24, 1937 Death is said to have occurred on the date stated above, at 12:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Arteriosclerosis, Hypertension	9 mo
Other contributory causes of importance: Chronic Bronchopneumonia, Nephritis	9 mo

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Blood Chem., Urinalysis & Spinal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. F. D. Stevens, M. D.

(Address) 2878 Hartford Rd

39597 HEALTH DEPARTMENT—CITY OF BALTIMORE 39597

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 St Paul St., 12-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Hays Geddes

If U.S. Veteran specify WAR .....

(a) Residence: No. 1728 St Paul St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Geddes

6. DATE OF BIRTH (month, day, year) Oct 19-1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Hays

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Helen P Winkelman

(Address) 2126 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Oct 4 37

19. UNDERTAKER William Cook

(Address) 127 St Paul Street

20. Filed OCT 2 - 1937 Registrar Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10.1.37, 19

22. I HEREBY CERTIFY, That I attended deceased from Jul 2, 1937, to Sept. 1, 1937, that saw her alive on Oct 1, 1937. Death is said to have occurred on the date stated above, at 3:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Haemiplegia Right side	1 day
Other contributory causes of importance: Cerebral Sclerosis	3 yrs

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Howard C. Clark, M. D.

10.2.37 (Address) Druid Hill Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39598

CERTIFICATE OF DEATH

8-2 46-D F 39598

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 N. Patterson Ave. Park St., 8 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maggie Blake Ford

If U. S. Veteran specify WAR .....

(a) Residence: No. 505 N. Patt. Pk. Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle Ford

6. DATE OF BIRTH (month, day, year) March 11 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 3

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Fairmont, West Virginia

FATHER

13. NAME James Henry Blake

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Margaret Sweeth

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Caroline Wallace
(Address) 505 Patt. Pk. Ave.

18. BURIAL, CREMATION, OR REMOVAL Chesterfield, Md.
Place St Paul Cem Date Oct. 4 1937

19. UNDERTAKER John A Bradshaw
(Address) Crisfield, Md.

OCT 2 - 1937

Filed ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 15/37 . 19 ..... to Oct 3/37 . 19 .....

I last saw him alive on Oct 1/37 . 19 ..... Death is said to have occurred on the date stated above, at 2a m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

Other contributory causes of importance:

None

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry B Holloman M. D.

(Address) 120 W Main

F 34829

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39599

CERTIFICATE OF DEATH

X 7-5-46-F F 39599

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert B Kuntz

If U. S. Veteran specify WAR .....

(a) Residence: No. Connellsville Pa St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Etta

6. DATE OF BIRTH (month, day, year) 12/28/71

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jewelry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Jos Kuntz

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Martha Cope

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Addison Penna Date Oct 4 1937

19. UNDERTAKER Johns & Mackel (Address) 1910 Eutaw St.

OCT 2 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1. 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1937 to Oct 1 1937

I last saw alive on Oct 1 1937 Death is said to have occurred on the date stated above, at 2:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma head of pancreas	Feb. 1937 ?
Other contributory causes of importance: Terminal pneumonia (?)	

Was an operation performed? Yes Date of Sept 29, 1937

For what disease or injury? Carcinoma head of pancreas

Name of operation Cholecystduodenostomy; gastroenterostomy

What test confirmed diagnosis? Jaundice Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dwight H. Grafton, M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

39600 39600

CERTIFICATE OF DEATH

19-1958-143 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Griffin If U. S. Veteran specify WAR

(a) Residence: No. 512 Norris St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-9-1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME John Griffin

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Campbell

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Oct 4 1937

19. UNDERTAKER J. G. Brooks
(Address) 1463 N. Carey St

Huntington Williams Asst Registrar

20. FILED 10-2-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1937, to Oct 1, 1937

I last saw her alive on Oct. 1, 1937. Death is said to have occurred on the date stated above, at 4:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Decompensation with Pulmonary Edema	Oct 1/37

Other contributory causes of importance:

Pregnancy (2 Mos)
Chronic Cardio Vascular Disease Unknown

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Charles L. Goodhand, M. D.

(Address) Balto City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39601 F 39601 V/124-B

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.....St., 14 Ward)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR Span. Am. War

2. FULL NAME William F. Beall

(a) Residence: No. 212 S. Calhoun St., Balto. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Naomi Boyce Beall

6. DATE OF BIRTH (month, day, year) Oct. 3, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Upholsterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Indianapolis, Ind.

FATHER

13. NAME John Wm. Beall

14. BIRTHPLACE (city or town) (State or country) Wash. D. C.

MOTHER

15. MAIDEN NAME Rebecca A. Branderburg

16. BIRTHPLACE (city or town) (State or country) Ellicott City, Md.

17. INFORMANT Records- U. S. Marine Hospital,
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place U. S. National Cemetery Date Oct 4 1937

19. UNDERTAKER Harry R. Hunnicutt
(Address) 4204 Ridgewood Ave

FILED 10-2-1937 19 Registrar.

Huntingtown, Md. 10/7

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 15, 1937, to October 1, 1937

I last saw him alive on October 1, 1937. Death is said to have occurred on the date stated above, at 10:35 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver, atrophic	unknown
	ovr

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P. M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) H. K. Bryant, M. D.

(Address) U. S. Marine Hospital, Balto. Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

39602 — CERTIFICATE OF DEATH — 27-546-B — F 39602

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3812 CHESLEY AVE. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR

2. FULL NAME ALEXANDER SELBY

(a) Residence: No. 3818 CHESLEY AVE. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOWED

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of ALICE SELBY

6. DATE OF BIRTH (month, day, year) JAN 11/1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	8	23 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Post. Office

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) BALTO. (State or country) MD.

FATHER

13. NAME UNKNOWN

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT JOSEPH SELBY (SON
(Address) 3812 CHESLEY AVE.

18. BURIAL, CREMATION, OR REMOVAL
Place HOLY REDEEMER Date OCT. 4, 1937

19. UNDERTAKER Lilly & Zeilenhoa
(Address) 403 N. Wolfe St.

20. FILED OCT 4 1937 Huntington Wheatley, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1936, to Oct 1, 1937

I last saw him alive on Oct. 1, 1937 Death is said to have occurred on the date stated above, at 1/15 p.m.

The principal cause of death and related causes of importance were as follows:

Peptic ulcer & secondary carcinomatosis — Duration: 4 mo.

Chr nephritis with edema, chr. myocarditis — Duration: 2 mo

Other contributory causes of importance:

Pulmonary edema — Duration: 1 day

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. data Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. Schlenger (Co-Intern) M. D.

(Address) 3818 Chesley Ave Balto MD

F 39503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

F 39503

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTO. CITY HOSP. St., X 26-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME VERNON E. BUSSE

(a) Residence: No. 900 NORTH POINT RD. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) OCT. 13/1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. CO.

FATHER

13. NAME AUGUST BUSSE

14. BIRTHPLACE (city or town) (State or country) BALTO. CO.

MOTHER

15. MAIDEN NAME MARGARET ZALOSKI

16. BIRTHPLACE (city or town) (State or country) BALTO. CO.

17. INFORMANT AUGUST BUSSE

(Address) 900 NORTH POINT RD. (FATHER

18. BURIAL, CREMATION, OR REMOVAL

Place SACRED HEART OF MARY OCT. 4/ 37

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 403 S. Wolfe St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 1 . 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	10/1

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ACC Date of injury 10/1 . 1937

Where did injury occur? Front & Montford Ave Easton Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Nature of injury Struck by auto while crossing

How did injury occur? street with mother

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address)

39604

HEALTH DEPARTMENT—CITY OF BALTIMORE

#23850 SF

CERTIFICATE OF DEATH

F 39604

25-659

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mattie McCoy

(a) Residence: No. 3213 Remley St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

6. DATE OF BIRTH (month, day, year) 3/7/~~1860~~ 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~49~~ 45 ~~49~~	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ? 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

13. NAME John Harris

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Martha Brown

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt-Calvary Date 10-2- 1937

19. UNDERTAKER Mrs R.C. Elliott-Daughter

(Address) 1241 N. Caroline St.

FILED OCT 2 1937 Huntington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/29/37, 19

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1937 to Sept. 29, 1937

I last saw her alive on Sept. 29, 1937. Death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

Gangrene of left leg
Diabetes Mellitus
Cardiosis

Date of onset #No. 4 days

Other contributory causes of importance:

Was an operation performed? Yes Date of July 6 1937

For what disease or injury? Gangrene of left leg

Name of operation Mid-thigh amputation-left leg

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) A.C. Brantigan, M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

39605

CERTIFICATE OF DEATH

8-7 131 F 39605

Registered No.

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1307 N. Washington St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Barbara Schwindel

(a) Residence: No. 1307 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) July 1 - 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) 4-1-37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wischenfeld Germany

FATHER

13. NAME Michael Wittamer

14. BIRTHPLACE (city or town) (State or country) Wischenfeld Germany.

MOTHER

15. MAIDEN NAME Margaret Fiedler

16. BIRTHPLACE (city or town) (State or country) Wischenfeld. Germany.

17. INFORMANT Eva Lambach.
(Address) 2026 E. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Oct. 4 1937

19. UNDERTAKER Geiger Bros. (Geiger Bros. Inc.)
(Address) 1201 E. Baltimore St.

OCT 2 - 1937 Huntington, Wis. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 1 - , 1937.

22. I HEREBY CERTIFY, That I attended deceased from Sept 22 - , 1937, to October 1 - , 1937.

I last saw h[illegible] alive on September 28 , 1937. Death is said to have occurred on the date stated above, at 4:03 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	Unknown
Other contributory causes of importance: Chronic Interstitial Nephritis	Unknown

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? P.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
one If so, specify

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39606 CERTIFICATE OF DEATH 26902-LM F 39606

Registered No. 7-3 V 46a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City hospts. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Prehodich or Karol Prigodich

If U. S. Veteran specify WAR

(a) Residence: No. 1602 Fleet St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie (D)

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Dry Dock

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Andrew

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records of Balto. City hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Holy Trinity Russian a.a.Co. Date Oct. 4 1937

19. UNDERTAKER John Grebliauckas
(Address) 423 S. Paca St.

20. FILED Huntington Williams, M.D.

OCT 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-30 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-23 1937 to 9-30 1937

I last saw him alive on 9-30 1937 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of oesophagus	four months
Lung abscess	four weeks
Broncho pneumonia	2 days

Other contributory causes of importance:

Was an operation performed? Yes Date of 9-29-37

For what disease or injury? Carcinoma of oesophagus

Name of operation Gastrostomy

What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

F 39607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39607

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen'l Hosp. St. 11-31 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Lucille A. Snoffer

If U. S. Veteran specify WAR .....

(a) Residence: No. or Rural Rte 5 Pierpont Drive. St., Pasadena, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Nelson Snoffer

6. DATE OF BIRTH (month, day, year) Oct. 22, 1899

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME George Pitt

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Katherine Carroll

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Nelson M. Snoffer

(Address) Pierpoint Drive Pasadena Md

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Park Date Oct 4th 1937

19. UNDERTAKER Frederick A. Eyle

(Address) 1200 W. Lombard St

20. FILED 2-1937 Registrar. Huntington Avenue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-1-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-14-37, 19 to 10-1-37, 19

I last saw h.. alive on 10-1-37, 19 Death is said to have occurred on the date stated above, at 9:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Cardiac Pasculum - Renal Disease	
(2) Uraemia	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) J. Feldman, M. D.

(Address) Maryland Gen'l Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

39608 6

CERTIFICATE OF DEATH

F 39608

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3706 Greenmount Ave (Ward)

Length of residence in city or town where death occurred ..... yrs. 60 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Michael J. Healy

(a) Residence: No. 3706 Greenmount Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie D. Healy

6b. DATE OF BIRTH (month, day, year) June 16-1862

7. AGE | Years 75 | Months 3 | Days 15 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coachman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 0023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Mathew Healy

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Annie D. Healy

(Address) 3706 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 10/4/37

19. UNDERTAKER Chas. H. Grauer & Son

(Address) 118 W. Mt Royal Ave

20. FILED OCT 2 - 1937 Huntington Williams Registrar

GHG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 30th, 1937, to Oct 1, 1937

I last saw him alive on Sept 30th, 1937. Death is said to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sept 30
Other contributory causes of importance: Coronary Sclerosis, Senility.	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Annie D. Healy M. D.

(Address) Patterson Park

39609 F 39609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

22-2 82-a

Registered No. F 39609

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 654 W. Lee St St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Harry Henson

(a) Residence: No. 654 W. Lee St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Not Known

6. DATE OF BIRTH (month, day, year) April 9, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm. Henson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary E. Murray

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Carrie Henson
(Address) 1554 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Oct 2 1937

19. UNDERTAKER Walter B. Rupp
(Address) 739 W. Hamburg St
Pennington Williams, Md.

20. FILED 10-2-1937

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. R. Crockett M. D.
Coroner

(Address) 2757 N. Howard

39610 HEALTH DEPARTMENT—CITY OF BALTIMORE 39610

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 N. Collington Ave St., 7-3 Ward)

Registered No. 127

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? 67 yrs. mos. ds.

2. FULL NAME Mary Brusak

If U. S. Veteran specify WAR

(a) Residence: No. 907 N. Collington Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Brusak

6. DATE OF BIRTH (month, day, year) Dec 24, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

MOTHER'S MAIDEN NAME

13. NAME Thomas Dorock

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Josephine

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Frank [illegible] Kow

(Address) 906 Collington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct. 4 1937

19. UNDERTAKER Frank Brusak & Son

(Address) 906 Ashland Ave

20. FILED Oct 4 1937 Huntington Powell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1934 to Oct 1 1937

I last saw h[illegible] alive on Sept 30 1937 Death is said to have occurred on the date stated above, at 12.30 P.m.

The principal cause of death and related causes of importance were as follows:

Emphysema of Gall Bladder — Date of onset Dec 1936

Other contributory causes of importance: Acute Cardiac dilatation — Date of onset Sept 1937

to

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was [illegible] injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) 204 S. Mary Land Ave

39611

HEALTH DEPARTMENT—CITY OF BALTIMORE

39611

CERTIFICATE OF DEATH

Registered No. 7-4108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME William Cornish

(a) Residence: No. 1715 Barnes St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME William Cornish

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME James Collins

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Leonard Cornish

(Address) 1715 Barnes St

18. BURIAL, CREMATION, OR REMOVAL Oct 2nd 37

Place Mt Calvary Cem Date ... 19

19. UNDERTAKER Chas J Wilson

(Address) 1600 Braddish Ave

20. FILED ... 19 ... Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described hereon and from the evidence above, held an Inquest, Autopsy or Inquiry

(Inquest, Autopsy or Inquiry)

and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Sept 28 1937

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Post Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Collins M. D.

(Address) 520 Cathedral St

39612 E 39612

39612 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Union Memorial Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Fraser

(a) Residence: No. 609 Murdock Rd, Annedale St., Ward. Baltimore Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 1, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME George Leonard Fraser

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Anne Stadtler

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Father.
(Address) 609 Murdock Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodland Pk Date Oct 2 1937

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED 19
Registrar.

OCT 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/5/37. 19

22. I HEREBY CERTIFY, That I attended deceased from October 1 1937 to October 2 1937

I last saw him alive on October 2 1937. Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	10/1/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. Franklin McCord M. D.

(Address) Union Memorial Hospital

39613 E 39613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. [redacted]

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St., 9-8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward F. Mester
If U. S. Veteran specify WAR

(a) Residence: No. 537 E. 22nd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary O. Mester

6. DATE OF BIRTH (month, day, year) 5-13-1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	4	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beef Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale
10. Date deceased last worked at this occupation (month and year) No Data
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME William Mester
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Elizabeth Pugh
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT [illegible] 23 Homewood Ave
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Oct 4 1937

19. UNDERTAKER [illegible]
(Address) 201 E 22nd St

20. FILED 1937 Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	9-30-37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Samuel A. Wolfe, M. D.
Coroner

(Address) 133 E North Ave

39614 F 39614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rudolph E. Foster — If U. S. Veteran specify War ..... Regt. .....

(a) Residence: No. 624 Linden Ave Battle St., — Washington D. C. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, (widowed) or divorced HUSBAND of (or) WIFE of Lilly Burke Woodyard Foster

6. DATE OF BIRTH (month, day, year) — — 1913

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
24	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 10-1937

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Burk Foster

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Burk Woodyard

(Address) Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Washington D.C. Date Oct 4th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 E. Pratt St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-2-37 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	10-1

Other contributory causes of importance:

Was an operation performed? Yes Date of 10-1

For what disease or injury Fractured Skull

Name of operation Trephine Date of 10-1-

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc - Date of injury 10-1 19 37

Where did injury occur? Mulberry Ave & Preston St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Collision between Automobile & Motor Cycle

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward Buxton M. D.
Coroner

(Address) 907 N. Eutaw St.

856 0

F 39615

39615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-8

Registered No.

1. PLACE OF DEATH South Balto. Gen. Hosp. 7-2
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 31 yrs. ~ mos. ~ ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Florence Cosgrove

(a) Residence: No. 612 N. Luzerne Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of John T.

6. DATE OF BIRTH (month, day, year) 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Hyman Reisch

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Sarah Machle

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT (Address) John T. Cosgrove 612 N. Luzerne ave

18. BURIAL, CREMATION, OR REMOVAL Workmen's Circle Date Oct 3, 1937

19. UNDERTAKER (Address) Sol Levinson & Bros 1124-1126 W. North ave

20. FILED 19 Registrar 19

Huntington Ave

1937. 6 11

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1937, to Oct. 1, 1937

I last saw her alive on 10-1, 1937 Death is said to have occurred on the date stated above, at 7 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardiovascular Disease	2 yrs
Other contributory causes of importance: Secondary Anemia	2

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis J. Kroll M. D.

(Address) Lenth Balto. Gen. Hosp.

39616 E 39616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27-12-131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 Homeland Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Frist

If U.S. Veteran specify War No Record

(a) Residence: No. 430 Homeland Ave., Ward. Govans

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~ Widowed, or Divorced (write the word): Widowed

6a. If ~~married, widowed, or divorced~~ HUSBAND (or) WIFE of: John E. Frist

7. DATE OF BIRTH (month, day, year): Dec 11th 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Birmingham England

13. NAME: Daniel Cooper

14. BIRTHPLACE (city or town) (State or country): England

15. MAIDEN NAME: Amelia (Unknown)

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Mrs William Zink

(Address) 430 Homeland Ave-Govans

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Oct 4th 1937

19. UNDERTAKER: William Cook

(Address) 1217 St Paul St

20. Filed Oct 5 1937 Huntington Ave Cemetery, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 1st, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to Oct 1 ....., 1937

I last saw h.. alive on Oct 1 1937 Death is said to have occurred on the date stated above, at 5 40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Nephritis	1935
Acute Myocarditis	1935
Other contributory causes of importance: Acute cardiac Dilatation	1937

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) D. V. Burkhart, M. D.

(Address) 611 Sheridan Ave.

F 39617

39617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10-1 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1201 E. Preston St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth A. MacLeary

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1201 E. Preston St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: single

7. DATE OF BIRTH (month, day, year): May 17 - 1863

8. AGE: Years 74 | Months 4 | Days 14 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sick

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME: David MacLeary

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Elizabeth A. McNally

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Miss Mary M. MacLeary

(Address) 1206 Fulton St

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Date: Oct 4th, 1937

19. UNDERTAKER: William Cook

(Address) 1217 St Paul St.

20. FILED: Oct 4 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1937 to Oct 1, 1937

I last saw her alive on Oct 1, 1937. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerotic Cardiac	
Cerebral Renal Disease	about 1922
Other contributory causes of importance:	
Uremia	6 days ago

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Herbert Thomas, M. D.

(Address) 1210 E. Preston

39618 E 39618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

6-4 95-B 26751 JS

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? 14 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Leah Caplan

(a) Residence: No. 2013 E. Fairmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hyman

6. DATE OF BIRTH (month, day, year) ? 1865

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or ....min.
	72			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Nathan

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Celia ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Royalty Date 10/3/37 19

19. UNDERTAKER Jack Levy Inc.
(Address) 1439 E. Baltimore St.

20. FILED 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 17, 1937, to October 1, 1937.

I last saw h[illegible] alive on October 1, 1937. Death is said to have occurred on the date stated above, at 1.01 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury [illegible] related to occupation of deceased?

No If so, specify

(Signed) [illegible] M. D.

(Address) Baltimore City Hospitals

F 39619

39619 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 1877

1. PLACE OF DEATH Home 2-2 94B cc

CITY OF BALTIMORE: (No. 117 S. Broadway St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Katie Love Kielbgott

(a) Residence: No. 117 S. Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Jacob Kielbgott

6. DATE OF BIRTH (month, day, year) 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75 55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec. 1-1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Aaron Kielbgott

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esther Shustkin

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jacob Kielbgott

(Address) 117 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL Date 12-3-37 19

Rosedale

19. UNDERTAKER Mack Funeral Home

(Address) 1501 E. Baltimore St.

20. FILED ... 19 ... Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1937
Other contributory causes of importance: Intestinal Indigestion, Constipation	1/2 year

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39620

3962 3 66

CERTIFICATE OF DEATH

X 7-5 87-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos. 2 ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Hugh E. Williams

If U. S. Veteran specify WAR

(a) Residence: No. New Hope St., Ward. N. C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/13/10

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	27	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

13. NAME Joseph Williams

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Della Shumake

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records Paul A. Williams
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place New Hope N.C. Date Oct 3 1937

19. UNDERTAKER John A. Mitchell & Son
(Address) 1900 Eutaw Place

20. FILED Oct 4 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/1/37, 1937, to Oct-2, 1937

I last saw h.. alive on Oct-2, 1937 Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Increased intracranial pressure undetermined origin.	

Other contributory causes of importance:

Was an operation performed? Yes Date of Oct. 2, 1937

For what disease or injury? Increased intracranial pressure

Name of operation Right Craniotomy - Exploration

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James Monroe Hayman M. D.

(Address) Johns Hopkins Hospital Baltimore, Md.

39621 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39621

CERTIFICATE OF DEATH

28-495-a

Registered No.

1. PLACE OF DEATH Lunacy Sanitarium (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Catons Frederick Rd. Ward)

Length of residence in city or town where death occurred yrs. 11 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Elizabeth Rodman

(a) Residence: No. Frankfort Ky St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 15, 1862

7. AGE 75 Years	4 Months	17 Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frankfort Ky

FATHER

13. NAME Thomas Rodman

14. BIRTHPLACE (city or town) (State or country) Ky

MOTHER

15. MAIDEN NAME Julia Wellesley Lee

16. BIRTHPLACE (city or town) (State or country) New York State

17. INFORMANT Geo R. Mallory (Address) Bellport L. I. New York

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem. Date Oct. 4, 1937

19. UNDERTAKER John C. Mitchell & Sons (Address) 1900 Eutaw Place

20. FILED Oct 4 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1937, to Oct 2, 1937.

I last saw h.. alive on Oct 2, 1937. Death is said to have occurred on the date stated above, at 8-20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	
Other contributory causes of importance: Acute Illness	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alfred D. Lunacy, M. D.

(Address) 5002 Fremont Ave

39622 (Weaver) F 39622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2533 E Monument (Ward) 1-W

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Cunetia Weaver

(a) Residence: No. 2533 E Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: F

4. Color or Race: Female White

5. Single, Married, Widowed, or Divorced (Write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Frank Weaver

6. DATE OF BIRTH (month, day, year): Sept 10 - 1872

7. AGE: Years 65 | Months — | Days 20 21 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Adam Leyh

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Dont Know

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Wm Leyh

(Address) 233 N Castle

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Oct 4 1937

19. UNDERTAKER: John Ulrich & Sons

(Address) 2008 Orleans St

FILED Oct 5 1937 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 1 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 7 30 AM 1937 to Oct 1, 11 45 AM 1937.

I last saw her alive on Oct 1 1937. Death is said to have occurred on the date stated above, at 11 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	Oct 1, 1937
cardiac Hypertrophy by Emaciation	?
	?
Other contributory causes of importance:	Unk

Was an operation performed? yes Date of 1936 (?)

For what disease or injury? City Hospitals

Name of operation ?

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis F. Klemes M. D.

(Address) 2623 E. Monument St

39623 E 39623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3-2/94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2212 Brookfield Avenue St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME MARY L. MALLOY

(a) Residence: No. 2212 Brookfield Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, year) Nov. 23, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Organist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Church

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME John F. Malloy

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Frances E. Sollens

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Miss Louise Malloy

(Address) 2212 Brookfield Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Oct. 5 1937

19. UNDERTAKER Chas. F. Bruce & Son

(Address) 115 W. Mt. Royal Ave

20. FILED ..... 19..... Registrar.

10 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1937, to Oct 2d 1937.

I last saw h.. alive on Oct 2d 1937. Death is said to have occurred on the date stated above, at 2.20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) B. Kaden M. D.

(Address) 2306 Eutaw Place

F 39624

39624 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 8-3/95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital, Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate E. Hartley or Katherine E. Hartley If U.S. Veteran specify WAR ...

(a) Residence: No. 1228 N. Ellwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Widowed

6. DATE OF BIRTH (month, day, year): Not Known

7. AGE: Years: about 70 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Joseph Yardley

14. BIRTHPLACE (city or town) (State or country): Scotland

15. MAIDEN NAME: Emma Dean

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Mrs Hartley

(Address) 1228 N Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Baltimore Co Date Oct 4 - 1937

19. UNDERTAKER: Dyer & Son

(Address) 3901 Eastern Ave

20. 1937 Huntington Whitelaw M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 30 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 . 1937 . to Sept 30 . 1937

I last saw her alive on Sept 30 . 1937 Death is said to have occurred on the date stated above, at 8 PM p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Disease	?
Apoplexy	3 Wks
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — . 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert E. Rudman, M. D.

(Address) St Joseph's Hospital

F 39625

39625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

20-8 94-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4211 Potter Ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William H Decker

(a) Residence: No. 4211 Potter Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	W.	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lillie M. (nee. Adler.

6. DATE OF BIRTH (month, day, year) Apr. 7. 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	5	24.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) Oct 1 37

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME George Decker

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Sarah Mann

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs. Wm. A. Decker

(Address) 4211 Potter Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Irvington Hill Cemetery Date Oct 4, 37

19. UNDERTAKER Harry H. Wright

(Address) 4101 Edmondson Ave

20. FILED 1937 Huntington [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1/2 hour

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Martin L Hanna Coroner M. D.

(Address) 822 W Baltimore St

5 6

39626 F 39626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1322 Holbrook St., 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? about mos. 45 ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary C. Conroy

(a) Residence: No. 1322 Holbrook St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Conroy

6. DATE OF BIRTH (month, day, year) May 21, 1871

7. AGE Years	Months	Days	If LESS than 1 day. hrs. or min.
66	6	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1932 or 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Thomas Lyons

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Mr. Thomas Conroy.
(Address) 1322 Holbrook St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Oct 5 1937

19. UNDERTAKER Edward F. Cashin Co
(Address) 924 E. Eager St.

20. FILED Oct 5 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-1-, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1937, to Oct 1, 1937

I last saw h alive on Oct 1, 1937 Death is said to have occurred on the date stated above, at 10:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch nephritis	
Other contributory causes of importance: Ch arteriosclerosis	

Was an operation performed? Date of

For what disease or injury?

Name of operation Autopsy Date of

What test confirmed diagnosis? Physical Was there an autopsy? (Yes)

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. M. Hornstein, M. D.

(Address) 733 Ausquith St.

4

F 39627

39627 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-2 93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 152 Dolphin St., 11 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas E Williams

(a) Residence: No. 152 Dolphin St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 110

6. DATE OF BIRTH (month, day, year) Dec 11 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Anthony Williams

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Eliza McClain

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Peggie Lewis.

(Address) 543 Annals Ave

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date 10/7 1937

19. UNDERTAKER Frances A. Hemsley

(Address) 558 W. Biddle St

20. FILED 10-7-37 Huntington Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Garner Coroner M. D.

(Address) 1215 Hanover

F 39628

39628 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

7-5-48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 Millinson St., ...Ward)

Length of residence in city or town where death occurred Life yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

If U.S Veteran specify WAR .....

2. FULL NAME Rosetta Harris

(a) Residence: No. 1502 Millinson St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 2, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	10	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME James Harris

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Nancy Johnson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary Johnson (Aunt)
(Address) 1334 W Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date Oct 3 1937

19. UNDERTAKER Wm. H. Neal & Elliott Douglas
(Address) 1124 E Baltimore St.

20. FILED Oct 1 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from April, 1937 to Sept 29, 1937

I last saw her alive on Sept 28, 1937. Death is said to have occurred on the date stated above, at 8:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, uteri, cervix	April 1937
Terminal Pulmonary Carcinomatosis	Sept 1937

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? no

What test confirmed diagnosis? Physical + Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. F. Young M. D.

(Address) 1429 Mount St

39629 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39629

CERTIFICATE OF DEATH

12-3/46-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hospital St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank A. Curry

(a) Residence: No. 2803 North Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 5 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Canning
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory Shipper
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md.
13. NAME B. Frank Curry
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Sarah Mooney
16. BIRTHPLACE (city or town) (State or country) Md.
17. INFORMANT Gertrude Curry
(Address) 2803 N. Calvert St
18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 10/4/ 1937
19. UNDERTAKER J. J. Nolan & Sons Balto.
(Address)
20. FILED 10-4 1937 Registrar Huntington Wilson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 1. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 12. 1937 to October 1. 1937
I last saw h. alive on October 1. 1937 Death is said to have occurred on the date stated above, at 4:12 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Carcinoma of Colon	June, 1936
2	

Other contributory causes of importance: none

Was an operation performed? yes Date of May 13, 1937
For what disease or injury? Carcinoma of Colon
Name of operation abdominal exploration; Colostomy
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Frank M. Keane M.D.
(Address) Union Memorial Hospital

F 39630

39630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 157-D

1. PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No. 28-1 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR ---

2. FULL NAME (Baby Boy) Katz (Katz)

(a) Residence: No. 4505 Chatham Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word):

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 30-37 ~~Oct 2, 1937~~

7. AGE — Years: — Months: — Days: 2 — If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME: Herbert Katz

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Beulah Adler

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Rest Haven Date 10/2/37

19. UNDERTAKER Jos. Lewis & Bro. Inc.

(Address) 1439 E. Baltimore St.

20. Filed 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-2-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 10-2-, 1937 to 10-2-, 1937

I last saw him alive on 10-2-, 1937 Death is said to have occurred on the date stated above, at 11:25 P. m.

The principal cause of death and related causes of importance were as follows:

Congenital Malformation of Intestinal Tract — Date of onset: Birth 9-30-37

Other contributory causes of importance:

Was an operation performed? Yes Date of 10-2-37

For what disease or injury? Intestinal Obstruction

What test confirmed diagnosis? Was there an autopsy? Yes

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Gilbert E. Rudman, M. D.

(Address) St. Joseph's Hospital

Spec.—1-10-21—M&T—1500 Blks.

39631 F 39631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4-2 107-a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 664 Sarah Ann ST., WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frieda Iola Brooks

(a) RESIDENCE NO. 664 Sarah Ann ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 9 mos. 26 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 5, 1930.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Clarence Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Minnie Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Clarence Brooks
(Address) 664 Sarah Ann St.

15 Filed Oct 4 1937 by Martin J. Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH 0

16 DATE OF DEATH (month, day, and year) Oct. 1 1937

17 I HEREBY CERTIFY, That I attended deceased from Sept 29, 1937, to Oct 1, 1937, that I last saw h[illegible] alive on Oct 1, 1937, and that death occurred, on the date stated above, at 1.40 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Necropsy

(Signed) M. D. Arnold M. D.

(Address) 711 Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL Oct 7 1937

20 UNDERTAKER Katie R Williams

ADDRESS 32 Underwood

39632 E 39632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 N. Chares St. X 11-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 21 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida May Butler

If U. S. Veteran specify WAR .....

(a) Residence: No. Winchester, Va St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem'l | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Chas. E. Butler

6b. DATE OF BIRTH (month, day, year) 12/24/1855

7. AGE: Years 81 | Months 10 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md

13. NAME Henry Cramer

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Shriver

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMANT Marshall Freeman
(Address) 530 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place W. Lee Cem. Date 10/5 1937

19. UNDERTAKER M. D. Etchison & Son
(Address) Frederick, Md

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/3 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1937 to Oct 3rd 1937

I last saw h[illegible] alive on Oct 2nd 1937 Death is said to have occurred on the date stated above, at 3:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	9/19/37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? Physical diagnosis Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. S. Turnbaugh M. D.

(Address) 1901 Eutaw St

396333

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 396333

CERTIFICATE OF DEATH

27-1282-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 433 Hutchins ave St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Wilson

If U. S. Veteran specify WAR

(a) Residence: No. 433 Hutchins ave St., Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 15 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	1	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

13. NAME of Father Wm Jefferson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME of Mother Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Selena Wilson

(Address) 433 Hutchins ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Rest Date Oct 4 1937

19. UNDERTAKER Rayner Sanders

(Address) 1413 E. Preston St

20. FILED , 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28, 19 to Oct 1, 1937

I last saw her alive on Oct 1, 1937 Death is said to have occurred on the date stated above, at 12.05 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrhage	Sept 28
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis A. Johnson M. D.

(Address) 2329 Guilford Ave.

32404 HEALTH DEPARTMENT—CITY OF BALTIMORE F 39634

32404 F 39634

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. 16720

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 5 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Humphrey Kiah

(a) Residence: No. 1213 W Lafayette Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male | 4. Color or Race: black | 5. Single, Married, Widowed, or Divorced (write the word): single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) 7/2/24

8. AGE: Years 13 | Months 3 | Days — | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Princess Anne Md

13. NAME Thos. H. Kiah

14. BIRTHPLACE (city or town) (State or country) Cambridge, Md

15. MAIDEN NAME Cynthia Powdrill

16. BIRTHPLACE (city or town) (State or country) Muskogee Okla

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Princess Anne, Md. Oct. 5 1937

19. UNDERTAKER J. Edgar Thomas (Address) Accomac, Va.

20. Filed Oct 5 1937 Registrar .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 13 1937 to Oct-2 1937

I last saw him alive on Oct-2 1937 Death is said to have occurred on the date stated above, at 2.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative colitis	4-1-37
Peritonitis	10-1-37

Other contributory causes of importance: .....

Was an operation performed? Yes Date of Sept 22/37

For what disease or injury? Ulcerative colitis

Name of operation Resection

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. C. Stephen Jr. M. D.

(Address) Johns Hopkins Hospital

39635

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39635

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5501 Gwynn Oak Ave) (Ward) 25

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Magadalina C Woods

If U. S. Veteran specify WAR .....

(a) Residence: No. 5501 Gwynn Oak Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Gordon L Woods

DATE OF BIRTH (month, day, year) Dec 19-1903

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33	9	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME of Father Christian Gross

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME of Mother Mary Gross

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Christina Gross

(Address) 5501 Gwynn Oak Ave

BURIAL, CREMATION, OR REMOVAL

Place Catonsville Date 10/4 1937

UNDERTAKER Leonard J Rust

(Address) 5305 Belmont Ave

FILED ..... 19 ..... Registrar.

OCT 4 - 1937

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1932 to Oct 1 1937

I last saw her alive on Oct 1 1937 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	4 yrs
Mitral stenosis	
Other contributory causes, of importance:	
Cardiac decompensation	8 mos

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) F. J. Lippy M. D.

(Address) 3321 Forest Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F34955 F39636

CERTIFICATE OF DEATH

53-E F 39636

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. X St., 7-S Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Miller

(a) Residence: No. 1907 14th St N W St., ... Ward. Washington D C
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F | 4. Color or Race: Black | 5. Single, Married, Widowed, or Divorced (write the word): Sep

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE — Years: 38 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ✓

15. MAIDEN NAME ✓

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Wash DC. Date 10/4/37 19

19. UNDERTAKER W E Evans
(Address) 1435 You st N W.

20. FILED ..... 19..... Registrar.

OCT 4 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1937 to Oct 2, 1937

I last saw h.. alive on Oct 2, 1937. Death is said to have occurred on the date stated above, at 9.05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Recurrent Brain Tumor Malignant.	

Other contributory causes of importance: —

Was an operation performed? Yes Date of

For what disease or injury? Brain Tumor

Name of operation Left Craniotomy-Exploratio

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James Monroe Mason M. D.

(Address) Johns Hopkins Hospital Baltimore, Md.

9637

HEALTH DEPARTMENT—CITY OF BALTIMORE

9637

CERTIFICATE OF DEATH

Registered No. 39637

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sydenham Hospital St. 13-8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charlotte Ray

(a) Residence: No. 3414 Seneca St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 17 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	one	one	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Frank Ray

14. BIRTHPLACE (city or town) (State or country) Stevenson Balto. County, Md.

15. MAIDEN NAME Annie Redmon

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Frank Ray (father)
(Address) 3414 Seneca St

18. BURIAL, CREMATION, OR REMOVAL
Mt. Mayo Cemetery Date Oct 5, 1937

19. UNDERTAKER Edgeworth Lee
(Address) 3615 Old Frederick Rd

20. FILED Oct 4 1937 Harry S. Limpert, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 29, 1937 to October 2, 1937
I last saw her alive on October 2, 1937 Death is said to have occurred on the date stated above, at 8:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	Sept 1, 37
Interstitial Broncho-pneumonia	Sept 29 '37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Harry S. Gimbel M. D.
(Address) Sydenham Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

#26849

F 39638

CERTIFICATE OF DEATH

34-2-79 av

F 39638

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 3-2 Ward)

15 yrs

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henriette Kirkpatrick

(a) Residence: No. 1319 E. Lombard St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jake

6. DATE OF BIRTH (month, day, year) 9/2/1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	61	0	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0K?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Peter Abbot

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Anna Forbes

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Date Oct 4 37

19. UNDERTAKER C. O. Wilson
(Address) 1200 Bradford

OCT 4 - 1937 Washington, D. C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 21, 1937, to October 1, 1937

I last saw her alive on October 1, 1937. Death is said to have occurred on the date stated above, at 7.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, type unknown	7-21-37

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Lawton M. D.

(Address) Baltimore City Hospitals

39639

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39639

CERTIFICATE OF DEATH

Registered No. 1877

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lottie Lavin

If U. S. Veteran specify WAR

(a) Residence: No. 51 E. Hughes St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 14-1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sandy Creek North Carolina

FATHER

13. NAME Thomas Eldridge

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Rosia Rankin

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT John Lewis

(Address) 151 E. Hughes St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Oct 5, 1937

19. UNDERTAKER James Sasaya

(Address) 142 Watts

20. FILED , 19

Huntington Williams, M.D.

OCT 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	Aug. 1937
Cardiac failure	Oct. 1937

Other contributory causes of importance:

Hypertension

Was an operation performed? No Date of

For what disease or injury?

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. W. Wood, M. D.

Coroner

(Address) 1712 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

39640 CERTIFICATE OF DEATH 2533 40-D F 39640

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City hospts. St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joshua Stewart

(a) Residence: No. 1136 Druid Hill Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Separated

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Viola (Sep)

DATE OF BIRTH (month, day, year) 7-29-1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	2	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Shiner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Records of Balto. City hospts.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Arbutus Date 10/5 37

UNDERTAKER Williams & Jackson
(Address) 916 Penna. Ave.

Huntington Williams, M.D.

OCT 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-2 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-6 1937 to 10-2 1937.

I last saw him alive on 10-2 1937. Death is said to have occurred on the date stated above, at 545 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	Autumn
Other contributory causes of importance:	

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L.A. Woodward Jr. M. D.

(Address) Balt. City Hosp.

39641

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39641

CERTIFICATE OF DEATH

137

Registered No. 75

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St., 43-1 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jacob Fraidin

(a) Residence: No. 2423 Callow Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods

10. Date deceased last worked at this occupation (month and year) 8

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Hyman Fraidin

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Ethel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Arthur Fraidin

(Address) 2302 Ocala Ave

18. BURIAL, CREMATION, OR REMOVAL Sinai Memorial Date 10-4-37 19

19. UNDERTAKER Jack Lowe Inc

(Address) 1439 Bolton St

20. FILED OCT 4 - 1937 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1937 to Oct 3, 1937

I last saw him alive on Oct 3, 1937 Death is said to have occurred on the date stated above, at 6.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BRONCHOPNEUMONIA	SEPT 27
Heart Failure	SEPT 27

Other contributory causes of importance: Prostatic hypertrophy 1927 ORW

Was an operation performed? Yes Date of Sept 24 (1937)

For what disease or injury? For prostatic hypertrophy

Name of operation Vasectomy

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Abraham Albert Shapiro, M. D.

Sinai Hospital

Baltimore, Md.

39642 HEALTH DEPARTMENT—CITY OF BALTIMORE 39642

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1340 Penna. Ave St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frances Hall

(a) Residence: No. 1340 Penna. Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Andrew

DATE OF BIRTH (month, day, year) Dec. 23 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Big Lawn C. Va.

13. NAME ? Bey

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Fitzhugh Hall
(Address) 1340 Penna. Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Arlington Mem. Pk. Date Oct 4 '37

19. UNDERTAKER Mrs. Geo. H. Holland
(Address) 1621 Druid Hill Ave

20. EMBALMER Huntington Williams, M.D.

OCT 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1936 to Oct 1 1937
I last saw her alive on Oct 1 1937. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis and Myocarditis	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no. If so, specify

(Signed) Geo. W. Woolridge M. D.

(Address) 703 W Lafayette ave

39643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26345 JS

F 39643

Registered No. 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sadie Gaines

(a) Residence: No. 810 N. Carey St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 5-22-1896

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	4	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto.

13. NAME James

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Julia ?

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT B. C. H. Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Oct 4, 1937

UNDERTAKER Jesse H. Redden
(Address) 1136 E. Biddle St.

FILED ..... 19..... Registrar

Huntington Williams, M.D.

- 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 2, 1937 to September 30, 1937

I last saw her alive on September 30, 1937. Death is said to have occurred on the date stated above, at 1.55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease	1936

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. A. de Lautelle, M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

9644

CERTIFICATE OF DEATH

93-2 F 39644

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 Low St. 5-2 Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Riley Ross

(a) Residence: No. 1610 Low St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 10-1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barber Shop

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Harpers Ferry Va

13. NAME Joseph Ross

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Rosa Wallace

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ella Johnson

(Address) 1010 Low St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Crem Date 10-4-1937

19. UNDERTAKER Bryson & Francis W. Knight

(Address) 1281 McElderry St

OCT 4 - 1937 19 ... Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Oct 1 1937
Cerebral Apoplexy	

Other contributory causes of importance: —

Was an operation performed? none Date of ...

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) George S Allen M. D.

(Address) 550 Cresmont St

5032

HEALTH DEPARTMENT—CITY OF BALTIMORE

39645

CERTIFICATE OF DEATH

39645

59

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 4 7-5 St., 7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julia Butler

If U. S. Veteran specify WAR .....

(a) Residence: No. 2 Old Court Road St., ... Ward. Celer 3
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 26, 94

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John Hopkins

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Clara Hopkins

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place Sylvester Memorial Cemetery Date Oct 4 1937

UNDERTAKER Archibald & Geddes
(Address) 2110 McCulloh St.

FILED ..... 19..... Registrar

OCT 4 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 24th 1937 to Sept 30, 1937

I last saw h[illegible] alive on Sept 30 1937 Death is said to have occurred on the date stated above, at 5-26 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia, staphylococcus alba	
infection left hand	
Abscess mediastinum	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Sept 24th

For what disease or injury? Infection of hand

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harry F. Klemperer M. D.

(Address) Johns Hopkins Hospital

39646

HEALTH DEPARTMENT—CITY OF BALTIMORE

39646

CERTIFICATE OF DEATH

48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 E 20½ St., 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Mary Cox

(a) Residence: No. 320 E 20½ St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Cox

DATE OF BIRTH (month, day, year) 1900

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37 yr			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Waxaw, No.

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Sarah (unknown)

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Willie Cox (Address) 1807 Maryland ave.

BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Oct 4 1937

UNDERTAKER Adolphus Ralston (Address) 918 Druid Hill ave

FILED OCT 4 - 1937

Huntington Pinckney, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 1937 to Oct 1 1937

I last saw her alive on Oct 1 1937 Death is said to have occurred on the date stated above, at 9:55 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset 1936

Carcinomata Uteri

Other contributory causes of importance:

Metastasis and Uremia

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jas. S. Duligan M. D.

(Address) 434 E 23 St.

F 39647 HEALTH DEPARTMENT—CITY OF BALTIMORE F 39647

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1901 Edgewood Street St. 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Maude T. Gill

(a) Residence: No. 1901 Edgewood Street. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3. If married, widowed, or divorced (or) WIFE of Roger T. Gill

DATE OF BIRTH (month, day, year) Jan. 12, 1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	8	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Thomas Bryan

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Annie Martin

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT (Address) Elizabeth A. Bryan 1901 Edgewood Street.

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Tues. Oct. 5 1937

UNDERTAKER John O. Mitchell & Bro. (Address) 1900 Eutaw Place

FILED 19

OCT 4 - 1937

Registrar.

Huntington Woods, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 17 1937 to Oct 2 1937

I last saw h[illegible] alive on Oct 2 1937. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Arterio Sclerosis	over
and Chronic Myocarditis	5 yrs
Contributory	
Other contributory causes of importance: Cardiac Failure	10-2-37

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 2202 Garrison Blvd.

39648 F 39648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 13-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? ? yrs. mos. ds.

2. FULL NAME Mrs Henrietta Lowenthal

If U. S. Veteran specify WAR

(a) Residence: No. Brooks Lane & Eutaw Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Lowenthal

DATE OF BIRTH (month, day, year) Jany. 29 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Kaufman Kaufman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME — Levy

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Louis Levy

(Address) Cylburn Court Apts.

BURIAL, CREMATION, OR REMOVAL

Fr. B. Friendship Date Oct. 5 1937

UNDERTAKER David Sondheim & Son

(Address) 1902 Eutaw Place

FILED 4 Oct 1937 Huntington Williams M.D.

HW

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-3-37. 19

22. I HEREBY CERTIFY, That I attended deceased from July 31 1937 19 to 10-3-37 19

I last saw her alive on 10-3-37 19 Death is said to have occurred on the date stated above, at 1.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease with heart failure	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bernard Lidman M. D.

(Address) Sinai Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39649

CERTIFICATE OF DEATH

80-107a

F 39649

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 143 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR

2. FULL NAME Eugene Smith

(a) Residence: No. 507 Baker St. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1881 ?

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Roy Smith

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT H. C. A. Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 10/5 37

UNDERTAKER Thomas E. Kelson

(Address) 1363 Presstman St

FILED 4-1937 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1937 to October 2, 1937

I last saw him alive on October 2, 1937. Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9-30-37

Other contributory causes of importance:

Tabes Dorsalis (Unknown)

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Santelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

39650 — CERTIFICATE OF DEATH — 26977—Cm — F 39650

Registered No. 39650

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Baltimore City nospts. St., 16-2 Ward 10

Length of residence in city or town where death occurred 1yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Curtis

(a) Residence: No. 1319 Winchester St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 9-2-1936

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	1 ----	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. md.

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Pauline Smith

16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT Records of Balto. City nospts.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place St Peters Cem Date 10/5 37

UNDERTAKER Thomas E. Kelson

(Address) 1303 Preastman St

FILED 10-4 1937 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-26 1937 to 10-2 1937

I last saw h. alive on 10-2 1937. Death is said to have occurred on the date stated above, at 1.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	9/24/37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) C. Roseman M. D.

(Address) Balto. city Hospitals

F 39651

9651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 1872

CITY OF BALTIMORE: (No. Bay View St., 2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Florence Woolsdale

(a) Residence: No. 007 S. Kenwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced (or) WIFE of: Alfred Woolsdale

7. DATE OF BIRTH (month, day, year): Feb. 14-1872

8. AGE: Years 65 | Months 7 | Days 3 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): Oct. 2 - 1937
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Aberdeen Maryland

13. NAME: Alfred Beatley

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Thompson

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Frederick Berens
(Address) 2822 Dillon St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Abingdon, Md. Date: Oct. 6 1937

19. UNDERTAKER: Howard V. McComas
(Address) Abingdon, Md.

FILED: 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1934
Other contributory causes of importance: Abdominal Tumor ?	4 mos

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Chas. A. Wood, M. D.
Coroner

(Address) 1712 N. Broadway

F 39652

Spec.—1-10-21—M&T—1500 Blks.

39652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 4-2 WARD)

2-FULL NAME Sylvia Celestine Jones

(a) RESIDENCE NO. 524 W. Fairmount Ave. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 12 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) September 18 1937

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Virgil Jones

11 BIRTHPLACE OF FATHER (city or town) Gettysburg, (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Lillian Carter

13 BIRTHPLACE OF MOTHER (city or town) Brooklyn, (State or country) Maryland

14 Informant

(Address)

15 1937 . 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 30, 1937

17 I HEREBY CERTIFY, That I attended deceased from September 19, 1937, to September 30, 1937, that I last saw her alive on September 30, 1937, and that death occurred, on the date stated above, at 11:00 A.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) — yrs. — mos 12 ds.

CONTRIBUTORY (Secondary) Diarrhea (duration) — yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of — — —

Was there an autopsy? No.

What test confirmed diagnosis? None.

(Signed) [illegible] M. D.

. 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY MEDICAL SCHOOL DATE OF BURIAL: OCT 2 - 1937 19

20 UNDERTAKER Commissioner of Health ADDRESS

Per H. A. Moore

HEALTH DEPARTMENT—CITY OF BALTIMORE

9653 27042--C F 39653

CERTIFICATE OF DEATH

Registered No. 7-3 √ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jacob Graff

(a) Residence: No. 2202 McKlderry St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married (Sep)

6. If married, widowed, or divorced
BUSBAND of (or) WIFE of Annie (Sep)

DATE OF BIRTH (month, day, year) 2-18-1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	7	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

12. NAME John Graff

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Annie ~~Homberger~~.

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Records of Balto. City Hospts.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Oct. 5 '37

UNDERTAKER Lilly Zeilenbe
(Address) 405 S. Bolton St.

FILED 19 Arlington Williams, C.H.

OCT 4 - 1937

LKB

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 28, 1937, to October 1, 1937

I last saw him alive on October 1, 1937. Death is said to have occurred on the date stated above, at 6:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Dr. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9654 13 F 39654 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2105 Linden Ave St. 13 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Annie Bozman If U. S. Veteran specify WAR

(a) Residence: No. 2105 Linden Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Daniel D. Bozman

DATE OF BIRTH (month, day, year) Oct. 9, 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Danes Quarters Md.

13. NAME Edward Bozman

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Annie M. Carey

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mr. James D. Bozman (Address) 740 Vermont Ave Balto Md.

BURIAL, CREMATION, OR REMOVAL Oct 7 1937

Place Loudon Park

UNDERTAKER Wm. Pickney Sons (Address) Boyd & Reaves

FILED Oct 8 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3. 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1936 to Oct 3, 1937

last saw her alive on Oct 3, 1937 Death is said to have occurred on the date stated above, at 4.30 P.M.

The principal cause of death and related causes of importance were as follows: Mitral Insufficiency — Date of onset

Chronic Nephritis

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Eshman M. D.

(Address) 1785 W. Fremont Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

96655 V 13 F 39655

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3622 Park Heights Ave Ward) 5-12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. 0 mos. 20 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Toby Montgomery

If U. S. Veteran specify WAR .....

(a) Residence: No. 3622 Park Heights Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Mary Rosetta Montgomery

DATE OF BIRTH (month, day, year) Sept 13, 1852

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	0	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R.

10. Date deceased last worked at this occupation (month and year) 1922

11. Total time (years) spent in this occupation 20 Yrs

BIRTHPLACE (city or town) (State or country) Balto Md.

12. NAME Saml. Montgomery

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Rose Blair.

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs Mary R Montgomery

(Address) 3622 Park Heights Ave.

BURIAL, CREMATION, OR REMOVAL Place London Park Date Oct 5 37

UNDERTAKER Lon Mickey Sons.

(Address) Yorke & Parkes.

FILED ..... 19 Huntington Williams, M.D.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/10, 1937, to Oct 3, 1937

I last saw h[im] alive on Oct 3 1937 Death is said to have occurred on the date stated above, at 1350 m.

The principal cause of death and related causes of importance were as follows: Arteriosclerotic cardio vascular disease Chronic Nephritis Chronic Nephritis

Date of onset (?)

Other contributory causes of importance: Acute Heart Failure (Surgical) 10/2/37

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lewis E. Little M. D.

(Address) 920 N. Charles St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9656 39656 92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4008 Kathland Ave. 15-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert E. Phipps.

(a) Residence: No. 4008 Kathland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Alvina Phipps

DATE OF BIRTH (month, day, year) Nov. 23-1860

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	76	10	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Master Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Refinery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME Robert Emmit Phipps

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Mary Jane Holland

16. BIRTHPLACE (city or town) (State or country) Unk.

INFORMANT Son. Mrs. E. Phipps

(Address) 4008 Kathland Ave.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Oct 7 1937

UNDERTAKER W. M. Beckner & Son

FILED 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1 1937

22. I HEREBY CERTIFY, That I attended deceased from May 2 1936 to Oct. 1 1937

I last saw him alive on Sept. 30 1937 Death is said to have occurred on the date stated above, at 8:38 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic fever	?
Mitral Stenosis	
Auricular fibrilation	May 1936
Cardiac Decompensation	Sept 14-37
Other contributory causes of importance:	
Arterio sclerosis	
Hydrocele	

Was an operation performed? no. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO. If so, specify

(Signed) Arthur S. Siwinski M. D.

(Address) 1740 Eastern Ave.

F 39657

39657 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

145a-149a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Women of Md St. 27-W Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Anne Scarlett

(a) Residence: No. 4433 Wickford Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

6. If married, ~~widowed or divorced~~
HUSBAND of (or) WIFE of Wm George Scarlett Jr

DATE OF BIRTH (month, day, year) Sept 28 1911

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	0	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) Sept 29, 1937

11. Total time (years) spent in this occupation 1

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME J. Wallace Cohen

14. BIRTHPLACE (city or town) (State or country) Bryantown Md

15. MAIDEN NAME Frances Boggs

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Wm G. Scarlett Jr
(Address) 4433 Wickford Rd.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct 5 37

UNDERTAKER Stewart Morris Co.
(Address) 108 W Lanvale Ave

FILED - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3 1937

22. I HEREBY CERTIFY, That I attended deceased from March 15 1937, to Oct 3 1937.

I last saw her alive on Oct 3 1937. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
suspected peritonitis	9/30/37
Other contributory causes of importance:	
cesarean section	9/29/37

Was an operation performed? yes Date of 9/29/37

For what disease or injury? contracted pelvis

What test confirmed diagnosis? exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Edmund B. Harrison Jr. M. D.

(Address) 2903 N. Charles St.

F 39658

39658 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 160-B

Registered No. 25-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Grace H. Kolobzjinski

(a) Residence: No. 3601 Fairfield Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Oct. 2, 1937

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0-0-0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John Kolobzjinski

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Grace H. Quasney

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John Kolobzjinski
(Address) 3601 Fairfield Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place St Mathias Cem Date 10-5 1937

19. UNDERTAKER Bernard C Harle
(Address) 121 E 21st St

20. FILED 1937 Huntington Williams, MD
Registrar

S. 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Injury at Birth)	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. H. Williams, M. D.

(Address) 3757 N. Monroe

39659 E 39659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Sinai Hospital St. 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? 24 yrs. mos. ds.

2. FULL NAME Mary Wrablewski

If U. S. Veteran specify WAR

(a) Residence: No. 1825 E Lombard St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Wrablewski

DATE OF BIRTH (month, day, year) 4 March 1893

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

13. NAME Thomas Kucek

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Urbanowicz

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Edward Wrablewski

(Address) 825 E Lombard St

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cemetery Date Oct 6 1937

UNDERTAKER John J. Weber

(Address) 401 S. Chester St

FILED 1937 Huntington Williamson, Registrar

S H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-3-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 9-27-37. 19 to 10-3-37 19

I last saw her alive on 10-3-37 19 Death is said to have occurred on the date stated above, at 12³⁰ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular disease with pulmonary edema.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Bernard Lichman M. D.

(Address) Sinai Hospital

660 F 39660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3714 198

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospl., St. 26-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizah Shiflett

(a) Residence: No. 524 Rappolla St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 5-3-1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	5	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

13. NAME Hollins Shiflett

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Sarah Shiflett

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT R. U. ~. Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Charlottesville Va. Date Oct 4th 1937

UNDERTAKER Leo S. Cooke
(Address) 1703 N Pratt Park Ave

FILED 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1937, to October 4, 1937

I last saw h.. alive on October 4, 1937. Death is said to have occurred on the date stated above, at 4:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	9-20-37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeSautelle, M. D.

(Address) Baltimore City Hospitals

E 39661

9661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Hotel Altamont Eutaw Pl. v Lanvale St. 11-4 (Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR —

2. FULL NAME Emma Elizabeth Bawden

(a) Residence: No. Hotel Altamont, Eutaw Pl. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year)

AGE: Years 80 | Months — | Days — | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

12. NAME John A. Bawden

14. BIRTHPLACE (city or town) (State or country) Unknow

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mr. A. J. Davies (Address) 800 W. 33rd St.

BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Oct. 5 1937

UNDERTAKER Horace F. Burgel (Address) 3631 Falls Road

FILED 1937 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from June, 1932, to October 3, 1937.

I last saw h[illegible] alive on October 3, 1937. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Sept 30 1937
Other contributory causes of importance: Arter Sclerosis	1932

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Arthur J. Davies, M. D.

(Address) 800 W 33rd St.

39662 E 39662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH Smith Baltimore Infirmary Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 23 St. ..... Ward)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Mrs Frances Elizabeth Cage If U. S. Veteran specify WAR .....

(a) Residence: No. 1724 Hanover St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Septimus Lee Cage

DATE OF BIRTH (month, day, year) Feb 9 1882

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	7	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) md

13. NAME Peter Slafka

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Anna [illegible]

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Septimus Cage

(Address) 1724 Hanover St

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Oct 7 1937

UNDERTAKER Howard K McCown

(Address) Abingdon Md

FILED 5-1937 Huntington Williams, Nyt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/4/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 9/21/37. 19..... to 10/4/37. 19.....

I last saw h[illegible] alive on 10/4/37. 19..... Death is said to have occurred on the date stated above, at 4:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	10/4/37
Other contributory causes of importance:	

Was an operation performed? Yes Date 9/23/37

For what disease or injury? Bilateral Inguinal Hernia

Name of operation Bilateral Herniaplasty

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Dennis M. Lupo M. D.

(Address) 1213 Light Street

39663 HEALTH DEPARTMENT—CITY OF BALTIMORE 39663

CERTIFICATE OF DEATH

Registered No. ✓ X 94-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 9-9 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME E. S. Childs (Edward S)

(a) Residence: No. 32 Columbia Ave. St., ... Ward. Rochester, N.Y.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Margaret Childs

7. DATE OF BIRTH (month, day, year) 12/17/1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	9	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rochester N.Y.

13. NAME Benjamin C. Childs

14. BIRTHPLACE (city or town) (State or country) Rochester N.Y.

15. MAIDEN NAME Alice Mc Guire

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. F. W. Frazier

(Address) 212 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Rochester N.Y. Date Oct 7, 1937

19. UNDERTAKER Geo W Zirkler

(Address) 1737 E. Edger St

20. FILED ... 19... Registrar

Oct 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North ave.

39664 E 39664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X √ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. General Hospital W-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Charlotte C. Cadarette

(a) Residence: No. Hawthorne Rd. Ten Hills Ward. Hts.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Wife of M.H. Cadarette.

DATE OF BIRTH (month, day, year) Nov. 13, 12

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	10	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) 9/25/37

11. Total time (years) spent in this occupation 7 years

BIRTHPLACE (city or town) (State or country) New York City. N.Y.

13. NAME Vincent D. Cleary

14. BIRTHPLACE (city or town) (State or country) New York N.Y.

15. MAIDEN NAME Agnes D. O'Brien

16. BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT (Address) Husband. Same as deceased

BURIAL, CREMATION, OR REMOVAL Holy Mount Cemetery Oct 5th 1937

Place Rochester N.Y. Date

UNDERTAKER Wm Cook (Address) 1217 St. Paul st.

FILED ..... 19..... Registrar

5 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/4/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 9/29/37. 19..... to 10/4/37. 19.....

I last saw h(er) alive on 10/4/37. 19..... Death is said to have occurred on the date stated above, at 6 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (lobar)	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury. 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signed Richard J. Williams M. D.

(Address) Md. Gen. Hosp.

39665

F 39665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 N. Ellwood Ave Ward) 6-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob G. Kloiber

If U.S. Veteran specify War No Record

(a) Residence: No. 423 N. Ellwood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of (~~or WIFE of~~) Alvina

DATE OF BIRTH (month, day, year) March 8 - 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	6	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer of clothes

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store Coal & Ice

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 13

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Jacob Kloiber

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Carolyne Lentz

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Alvina Kloiber

(Address) 423 N. Ellwood Ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer 10/6 1937

UNDERTAKER Williams Corp

(Address) 1217 St Paul St

FILED 10-5-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/ 2 1937 to Oct 4 1937

I last saw her alive on October 4 1937 Death is said to have occurred on the date stated above, at 6.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis	June
Uremia	9/20/37
Cerebral Hemorrhage	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Albert F. Schinky, M. D.

(Address) 1939 N. Charles St

F 39666

39666 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 Mt Fulton ave St., 45-2 Ward)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME William Pannell Swift

(a) Residence: No. 1503 Mt Fulton ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Winifred Swift

7. DATE OF BIRTH (month, day, year): May 14 1876

AGE: 61 Years | 4 Months | 14 Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Retired Coal dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: self

10. Date deceased last worked at this occupation (month, year): Retired | 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country): Martinsburg W Va

13. NAME of father: Nathaniel Swift

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME of mother: Mary Rogers

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Winifred Swift. (Address) 1503 Mt Fulton ave

18. BURIAL, CREMATION, OR REMOVAL: Place Cedar Hill Date Oct 6th 1937

19. UNDERTAKER: Wm Cook (Address) 1207 St. Paul st

20. FILED 19 Registrar

OCT 5 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 3 1937

22. I HEREBY CERTIFY, That I took charge of the remains described herein and from the evidence above, hold an (Inquest, Autopsy or Inquiry) thereon; and that said deceased came attained by said (Inquest, Autopsy or Inquiry) to death on the day stated above. 1:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hamilton Bradley M. D. (Coroner)

(Address) 1215 Nanwood

39667 E 39667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1028 Cathedral St. 11-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James A. Gunning

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1028 Cathedral St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Mary R. Gunning

DATE OF BIRTH (month, day, year) Jan 26th 1864

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	8	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 35

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Patrick Gunning

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Coleman

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mary R. Gunning

(Address) 1028 Cathedral St

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Oct 6th 1937

UNDERTAKER Williams Cook

(Address) 1217 E. Pratt st

RECEIVED 10 Hunting for Williams-Cook Registrar.

10-5-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3d 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/2/37, 19..., to 10/3/37, 19...

I last saw him alive on 10/3/37, 19... Death is said to have occurred on the date stated above, at 6:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9/30/37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [redacted] Otto Gaddes, M. D.

(Address) 32 E 25th

F 39668

39668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2736 Riggs ave St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify War No Record

2. FULL NAME Laura H. Bussell

(a) Residence: No. 2736 Riggs ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of James H Bussell

DATE OF BIRTH (month, day, year) June 21-1853

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Somerset Co Maryland

13. NAME OF FATHER Prettyman White

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Hester Hines

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Miss Goldie Bussell

(Address) 2736 Riggs ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 5 1937

UNDERTAKER Williams Cook

(Address) 1247 St Paul St.

FILED 5-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2 1937

22. I HEREBY CERTIFY, That I attended deceased from May 3 1936 to Oct 2 1937

I last saw her alive on Oct 1 1937. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Senile	
Dilatation of Heart	✓
Other contributory causes of importance: General Arteriosclerosis	

Was an operation performed? no Date of ✓

For what disease or injury? no

Name of operation none Date of ✓

What test confirmed diagnosis Phys Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19 ..

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ✓

no If so, specify

(Signed) John A. T. Leonard M. D.

(Address) 1 2 19 Baltimore

669 E 39669

35271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-a

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME Joseph Stumbroski

(a) Residence: No. 810 N. Broadway St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances

DATE OF BIRTH (month, day, year) 2-2-85

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	8	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 9/29/37

11. Total time (years) spent in this occupation .2

BIRTHPLACE (city or town) (State or country) Poland

13. NAME Ignatius Stumbroski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Amelia Olganoski

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Oct 6 1937

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED ..... 19..... Registrar

10-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 1937 to Oct 2 1937

I last saw him alive on Oct 2 1937 Death is said to have occurred on the date stated above, at 11:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated gastric ulcer	9/29/37
Peritonitis, generalized	9/29/37

Other contributory causes of importance:

Generalized peritonitis

Was an operation performed? Yes Date of 9/29/37

For what disease or injury?

Name of operation Closure of perforated gastric ulcer.

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Eduard J. Stafford M. D.

(Address) Johns Hopkins Hospital

39670 E 39670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 845 N. Montford Ave 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 4 mos. 6 ds. How long in U. S. If of foreign birth 31 yrs. 4 mos 3 ds.

2. FULL NAME Mrs Elizabeth Anna Bischoch

If U. S. Veteran specify WAR

(a) Residence: No. 845 N. Montford Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced BUSBAND of (or) WIFE of Louis Bischoch

DATE OF BIRTH (month, day, year) August 10, 1890

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	1	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) May 10, 1937

11. Total time (years) spent in this occupation 26 yrs

BIRTHPLACE (city or town) (State or country) Aurelhaza Hungary

13. NAME Bernard Miller

14. BIRTHPLACE (city or town) (State or country) Aurelhaza Hungary

15. MAIDEN NAME Katherine Koch

16. BIRTHPLACE (city or town) (State or country) Aurelhaza Hungary

INFORMANT Louis Bischoch Husband

(Address) 845 N. Montford, Ave.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 6, 1937

UNDERTAKER Charles E. Schimunek

(Address) 2603 E. Madison St.

FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1937 to Oct 3, 1937

I last saw her alive on Oct 3, 1937 Death is said to have occurred on the date stated above, at 7:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterine Cervix	Jan 1936

Other contributory causes of importance:

Was an operation performed? Yes. Date of Jan 1936

For what disease or injury? Carcinoma of cervix

Name of operation Total Hysterectomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas E. Schimunek, M. D.

(Address) 842 S. East Ave

39671

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39671

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. 26-10

CITY OF BALTIMORE: (No. 3232 E. Baltimore St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Augusta Faber

If U. S. Veteran specify WAR ...

(a) Residence: No. 3232 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Faber

6. DATE OF BIRTH (month, day, year) February 6 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Lillner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Uhlmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Elsie Thompson

(Address) 3207 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Oct. 5, 1937

19. UNDERTAKER John A. Moran

(Address) 3000 E. Baltimore St.

20. FILED Huntington Williams, M.D.

OCT 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1912 E. Monument

F 39672

39672 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

21-1 181

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Doris Skiner

(a) Residence: No. 230 S. Fremont Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 1936

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John West

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Ophelia Skiner

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Ophelia Skiner

(Address) 230 S. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Oct 4 1937

19. UNDERTAKER Ernest Pree

(Address) 539 Hennig Av Nr Wilkens Ave

FILED 5-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st. & 2 Degree Burns of Back and Legs	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Sept. 29, 1937

Where did injury occur? 230 S. Fremont Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell into tub of Hot Water

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. R. Coulbourne M. D. Coroner

(Address) 2757 Li Mont Ave

ec.—2-29-28—L. F. S.—500 Bks.

9673

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39673

CERTIFICATE OF DEATH

82-a

1—PLACE OF DEATH

ITY OF BALTIMORE: (No. 1302 Myrtle Ave ST., 17-3 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma Thomas

(a) RESIDENCE NO. 1302 Myrtle Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX Female | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced, (write the word) D Married

If married, widowed, or divorced HUSBAND of (or) WIFE of George Jones

ATE OF BIRTH (month, day, and year) 1904

GE 33 Years 32 | Months | Days | If LESS than 1 day, hrs. or min.

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) 604

(c) Name of employer

IRTHPLACE (city or town) (State or country) ? md

0 NAME OF FATHER Jose Thomas

1 BIRTHPLACE OF FATHER (city or town) Baltocity (State or country)

2 MAIDEN NAME OF MOTHER Newport

3 BIRTHPLACE OF MOTHER (city or town) ? md (State or country)

Informant Jessie Thomas. (Address) 318 Greenmount Ave

Filed 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-3-37

17 I HEREBY CERTIFY, That I attended deceased from 9-11-37, 19 , to 10-3-37, 19 , that I last saw h alive on " , 19 and (that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 23 ds.

CONTRIBUTORY (Secondary) arteria sclerosis

(duration) 1/2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) F. M. Cordoy, M. D.

10-3-37 (Address) 1524 Druid Hill Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvert. | DATE OF BURIAL Oct 6 1937

20 UNDERTAKER Adolphus Talbot ADDRESS 910 Druid Hill Ave

E 39674 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39674

CERTIFICATE OF DEATH

Registered No. 210-M

1. PLACE OF DEATH St Josephs Hospital
CITY OF BALTIMORE: (No. ..... St., 27-20 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Faiborn
If U. S. Veteran specify WAR .....

(a) Residence: No. 3317 Devonshire Drive St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Faiborn

7. DATE OF BIRTH (month, day, year) 12-9-188

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	9	23	

8. Trade, profession, or particular kind of work done, as painter, sawyer, bookkeeper, etc. Keeping Club
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Oct 37
11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

13. NAME Mary Faiborn

14. BIRTHPLACE (city or town) (State or country) Bate Md

15. MAIDEN NAME Miranda Miller

16. BIRTHPLACE (city or town) (State or country) Howard Co.

17. INFORMANT Mrs Mary E. Faiborn
(Address) 3317 Devonshire Drive

18. BURIAL, CREMATION, OR REMOVAL
Place Mount View Date Oct 5 1937

19. UNDERTAKER J. Elmer Long
(Address) Westminster Md

20. FILED 5 1937 Huntington Williams N.E. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Ribs.	
Pulmonary Embolism	

Was an operation performed? ..... Date of .....
For what disease or injury?
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, Suicide, or Homicide? Acc Date of injury Oct 2 1937
Where did injury occur? 7 W Eager St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Private Property
Manner of injury Struck by auto
Nature of injury on a landing platform

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Luther Hunter M.D.
Coroner
(Address) 707 N. Charles St

F 39675

39675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH 3121 Virginia ave

CITY OF BALTIMORE: (No. ..... St., 27-16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Linwood S Hellman

If U. S. Veteran specify WAR .....

(a) Residence: No. 3121 Virginia ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Hellman

6. DATE OF BIRTH (month, day, year) Oct. 25. 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	11	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D C

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mary E Hellman

(Address) 3121 Virginia ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Oct. 6. 37

19. UNDERTAKER John J. Denny

(Address) 715 Light St

20. FILED OCT 9 - 1937 Registrar Williamsburg N H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	July 37
Chronic Nephritis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to ~~occupation~~ of deceased? .....

If so, specify .....

(Signed) Coroner John. M. Evans Coroner. M. D.

(Address) 612 W 40 St

F 39676

39676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186-a

1. PLACE OF DEATH St Agnes Hosp
CITY OF BALTIMORE: (No. Wilkens & Caton St., 20-4 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Carrie L. Stauffer

(a) Residence: No. 2647 Frederick Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe.	W.	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Stauffer

7. DATE OF BIRTH (month, day, year) May 11. 1883.

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	6	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .... | 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME Thomas Snyder.

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME E. Elizabeth Wilson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT J. Frank Stauffer

(Address) 2647 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Oct. 7. 1937

19. UNDERTAKER John J. Denny

(Address) 715 Light St.

20. FILED 19 ..... Registrar

10-7-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound fracture Base of Skull.	Oct 1 37

Other contributory causes of importance:

Was an operation performed? no Date of ....

For what disease or injury? ....

Name of operation .... Date of ....

What test confirmed diagnosis examination. Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide accidental Date of injury Oct 1, 1937

Where did injury occur? Baltimore Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home.

Manner of injury Fell down stairs

Nature of injury Compound fracture base of skull

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ....

(Signed) M. Hanna, M. D. Coroner

(Address) 1822 W Baltimore St.

39677

HEALTH DEPARTMENT—CITY OF BALTIMORE

39677

CERTIFICATE OF DEATH

23-2 46-F

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Local Balto. Gen. Hosp. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Cooper

(a) Residence: No. 1306 Light St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of B. Howard Cooper

DATE OF BIRTH (month, day, year) Aug. 2, 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William Thompson

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

15. MAIDEN NAME Mary Lancaster

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT B. Howard Cooper

(Address) 1306 Light St.

BURIAL, CREMATION, OR REMOVAL

Place Moreland Mem. Pk. Date Oct. 6. 1937

UNDERTAKER John J. Gleeson

(Address) 715 Light St.

FILED 19 Registrar

OCT 3 - 1937 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-24, 1937, to 10-3, 1937

I last saw her alive on 10-2, 1937 Death is said to have occurred on the date stated above, at 7:15 AM

The principal cause of death and related causes of importance were as follows:

Abdominal malignancy

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Elton Rennels, M. D.

(Address) B.B. Gen Hosp.

Orra D Smith

39678 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

F 39678

CERTIFICATE OF DEATH

87-a

Registered No. 23-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 134 W. Randall St. Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Orra D. Smith

If U. S. Veteran specify WAR

(a) Residence: No. 134 W. Randall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Male	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Julia R. Smith

DATE OF BIRTH (month, day, year) about 8 yrs 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Reuben Smith

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Reuben D Smith (Brother)
(Address) 138 W. Randall

BURIAL, CREMATION, OR REMOVAL
Place Westminster Date Oct 6 1937

UNDERTAKER A. Howard Eyler
(Address) New Windsor Md

FILED OCT 5 1937 19 Harrington Williams M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1936 to Oct 3 1937

I last saw him alive on Oct 3 1937 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 hrs.
Arteriosclerosis Endf.	
Other contributory causes of importance: Exhaustion	Oct 1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Final Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. F. Crumpton M. D.

10/3/37 (Address) 1644 Hanover St

39679 F 39679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1707 Clarkson St. 23-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank J Waskiewicz
If U. S. Veteran specify WAR ...

(a) Residence: No. 1707 Clarkson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 2, 1937

AGE	Years	Months	Days	If LESS than 1 day, 6 hrs. or ... min.
			2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME Frank J. Waskiewicz

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

15. MAIDEN NAME Eva E. Rottenberger

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

INFORMANT Frank J. Waskiewicz
(Address) 1707 Clarkson St.

BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Oct 5 1937

UNDERTAKER C. H. Kriegel & Sons
(Address) 1400 Lombard St

FILED Oct 5 1937 Huntington Wm. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1937 to Oct. 4, 1937
I last saw h. im alive on Oct. 4, 1937. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth (7 months)	
Other contributory causes of importance: Exhaustion	

Was an operation performed? no Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) H. H. Campbell M. D.
(Address) 1644 Hanover St.
10/5/37

39680

HEALTH DEPARTMENT—CITY OF BALTIMORE

39680

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Volunteers of America St. 2nd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.... yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Baby Girl Nagel

If U.S. Veteran specify WAR

(a) Residence: No. none St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 1, 1937

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Carl Nagel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Thelma McAllister

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT mother

(Address) 236 S. Chester St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cemy Date Oct 5 37

UNDERTAKER Harry A. Fritzke

(Address) 410 Edmondson Ave

OCT 5 - 1937 Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937 to Oct 4, 1937

I last saw h[illegible] alive on Oct 4, 1937 Death is said to have occurred on the date stated above, at 10 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	Oct 1
none	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

Signed Leonard Hausman M. D.

(Address) 268 W. Lexington St

Vol. of Homicide Hosp

39681 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 39681

46-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3335 Ravenwood Ave St. 8-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Ruppert

If U. S. Veteran specify WAR .....

(a) Residence: No. 3335 Ravenwood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of John H Ruppert

DATE OF BIRTH (month, day, year) Dec 24 1874

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	9	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Thomas Curley

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Moran

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs Albert Eldridge

(Address) 3335 Ravenwood Ave

BURIAL, CREMATION, OR REMOVAL

Place Mene Cathedral Date Oct 7 1937

UNDERTAKER John F Denny

(Address) 715 Light St

FILED ..... 19 ..... Registrar.

OCT 5 - 1937 for Pittsburgh Pittsburgh, N.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 16 1937 to Oct 3 1937

I last saw h. alive on Oct 3 1937 Death is said to have occurred on the date stated above, at 7.35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung Intestine	
Other contributory causes of importance: Myocarditis + arteriosclerosis	

Was an operation performed? — Date of —

For what disease or injury? /

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John C. Schenuch M. D.

(Address) 1337 S Charles St

HEALTH DEPARTMENT—CITY OF BALTIMORE

39682 39682

CERTIFICATE OF DEATH

66-13

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3006 Independence St. 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. 3 mos. 19 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eva May Stiffler

If U. S. Veteran specify WAR .....

(a) Residence: No. 3006 Independence St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. McKinley Stiffler

DATE OF BIRTH (month, day, year) June 15, 1899

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	3	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Talbert Owens.

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Minnie Bailey

16. BIRTHPLACE (city or town) (State or country) Hreek Md.

INFORMANT Mr. Wm. McK. Stiffler

(Address) 3006 Independence St.

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Oct 6 1937

UNDERTAKER Wm. Hickman Sons

(Address) North & Paves.

FILED 10 Receiving

5-1937 Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1937 to Oct. 4, 1937

I last saw her alive on Oct. 3, 1937 Death is said to have occurred on the date stated above, at 3.35 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic glomerulo-nephritis with hypertensive cardio-vascular disease and terminal uraemia — Date of onset 1935

Other contributory causes of importance: Hyperthyroidism — 1937

Was an operation performed? Yes Date of June 1935

For what disease or injury? Hypertension

Name of operation Resection of Sympathetics

What test confirmed diagnosis? Blood Chemistry & Basal metabolism

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S. Kendig Wallace, M. D.

(Address) 2839 Walbrook Ave.

9683

HEALTH DEPARTMENT—CITY OF BALTIMORE

9683

CERTIFICATE OF DEATH

87-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2244 Brookfield Ave St. 13-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alfred D. Maben

If U.S. Veteran specify WAR ...

(a) Residence: No. 2244 Brookfield Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Taylor

DATE OF BIRTH (month, day, year) April 7, 1878

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	5	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cashier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME George A. Maben

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Margaret Taylor

16. BIRTHPLACE (city or town) (State or country) Ohio

INFORMANT Mrs. Clara Maben

(Address) 2244 Brookfield Ave.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct. 5, 1937

UNDERTAKER Perkins Sahlgrens

(Address) 1837 E. North Ave.

FILED ..., 19... ... Registrar.

OCT 5 - 1937

Huntington Millinery, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/27, 1937, to 10/5, 1937.

I last saw him alive on 10/5, 1937. Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of Central Arteries	9/27/37
Hypertension	1936
General Arteriosclerosis	1936

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) L. J. Gruber, M. D.

(Address) 2320 Eutaw Pl

HEALTH DEPARTMENT—CITY OF BALTIMORE

39684 — CERTIFICATE OF DEATH — 34-95-D #24563 — H 39684 F

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 5 yrs St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME William Baker

(a) Residence: No. 1625 Rosedale St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

DATE OF BIRTH (month, day, year) 7/12/1867

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
70	2	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Altoona, Pa.

13. NAME Henry Baker

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Westley

16. BIRTHPLACE (city or town) (State or country) Pa.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 10/7/37

UNDERTAKER W. M. Cook Co.
(Address) 1217 E. Fayette St.

FILED ... 19 ...

5-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1937 to October 3, 1937

I last saw him alive on October 3, 1937 Death is said to have occurred on the date stated above, at 12 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. G. De Lautelle, M. D.

(Address) Baltimore City Hospitals

M. D. B 1268-9

39685 HEALTH DEPARTMENT—CITY OF BALTIMORE 39685

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2028 Llewellyn Ave St. 8-7 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Davis (Davis) If U. S. Veteran specify WAR .....

(a) Residence: No. 2028 Llewellyn Ave St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Davis

6. DATE OF BIRTH (month, day, year) Aug 15-1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethel Steeler

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Phillip Davis

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Jennie Ann

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Hilda Norman

(Address) 2028 Llewellyn Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 8-7- 1937

19. UNDERTAKER Bryant & Manning E. Wright

(Address) 218 Mc Elderry St

20. FILED 8-7-1937 Huntington Thomas, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by me (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Sept 26 1937

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George S. Allen, M. D. Coroner

(Address) 5 E. Franklin St.

F 39686

39686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 163

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St., 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Lena Howard

(a) Residence: No. Elkridge Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) July 1915

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	2	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) Sept 1937

11. Total time (years) spent in this occupation 4 mo.

12. BIRTHPLACE (city or town) (State or country) Floyd Co. Ky.

13. NAME W. H. Howard

14. BIRTHPLACE (city or town) (State or country) Floyd Co. Ky.

15. MAIDEN NAME Lula Harris

16. BIRTHPLACE (city or town) (State or country) Floyd Co. Ky.

17. INFORMANT Chester Howard

(Address) Prestonburg, Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Prestonburg, Ky. Date Oct. 5, 1937

19. UNDERTAKER E. Leroy Stiffler, Inc.

(Address) 1232 North Ave.

FILED Oct 6 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, and that I last saw deceased on ... (Inquest, Autopsy or Inquiry) ... and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) ... find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Bichloride of Mercury Poisoning

Date of onset Sept 37.

Other contributory causes of importance: Ulceration of Intestine.

Was an operation performed? Yes. Date of Sept 1. 37

For what disease or injury? Ulceration of Intestine

Name of operation Appendectomy Date of 9-29-37

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of Injury ..... 19....

Where did injury occur? Elkridge Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Home

Manner of injury Poisoning

Nature of injury Bichloride of Mercury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Martin J Kaufman M. D.

(Address) 1822 N Baltimore St.

6

E 39687

39687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25520 J8

34-D

19-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Frank Ellis or Evans

If U. S. Veteran specify WAR .....

(a) Residence: No. 1510 Vine St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Evans

DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

13. NAME Stanley

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Jane Ellis

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT B. C. H. Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct 6, 37

UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St.

FILED ....., 19..... Registrar.

3-1938 Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 2, 1937, to October 3, 1937

I last saw him alive on October 3, 1937. Death is said to have occurred on the date stated above, at 1.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic heart disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. A. De Launtte M. D.

(Address) Baltimore City Hospitals

F 39688

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39688

CERTIFICATE OF DEATH

192-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 Lorman St. 15-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie Baynes

If U.S Veteran specify WAR

(a) Residence: No. 1721 Lorman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Bayne

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Easton Md

13. NAME Emmanuel Johnson

14. BIRTHPLACE (city or town) (State or country) Easton Md

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Easton Md

INFORMANT (Address) Jacob Bayne 1721 Lorman St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Oct 5, 1937

UNDERTAKER Mrs Katie R. Williams

(Address) 3222 Edmondson Ave.

FILED 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28 1937 to Oct 1 1937

I last saw h alive on Sept 30 1937 Death is said to have occurred on the date stated above, at 11P m.

The principal cause of death and related causes of importance were as follows:

Cardiac Regurgitation — Date of onset 9/37

Other contributory causes of importance: — 37

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. N. Hatfield M. D.

(Address) 1721 Lorman St

689 F 39689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 731 N. Collington St., 7-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 65 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Kwarda

(a) Residence: No. 731 N. Collington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Kwarda

DATE OF BIRTH (month, day, year) Aug 15 66

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	1	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Austria

13. NAME Joseph Kwarda

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Austria

INFORMANT Anna Kwarda
(Address) 731 N. Collington Ave

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct. 7 1937

UNDERTAKER Frank Coach & Son
(Address) 1906 Eastern Ave

FILED ..... 19 ..... Registrar.

Oct - 1937 Huntington Ave, 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1937 to Oct 4 1937

I last saw him alive on Oct. 4 1937. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia — Date of onset .....

Other contributory causes of importance:

Senility Cardiac Dilatation

Was an operation performed? ..... Date .....

For what disease or injury? .....

Name of operation Tonsilectomy

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Fred Rheinstein M.D.

(Address) .....

E 39690

34822
39690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-B

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 14-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Irvin Bensinger

(a) Residence: No. 1203 Durst al St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	—

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 6/8/37

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	3	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Md

12. NAME Geo Bensinger

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Harris

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Morlands. Date Oct 6th 1937

UNDERTAKER Leo J. Leoh
(Address) 1703 N. Patt Park Ave.

FILED 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to Oct 3 1937

I last saw h.im alive on Oct 3 1937. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mastoiditis	1937
Non-specific Diarrhea	1937

Other contributory causes of importance:

Was an operation performed? Yes Date of Sept 22-37

For what disease or injury? Mastoiditis

Name of operation Mastoidectomy

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) James A. Doolan M. D.

(Address) Johns Hopkins Hospital

39691 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39691

CERTIFICATE OF DEATH

V 11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. St., 1-6 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles F. Murphy

(a) Residence: No. 1606 E. 28 St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 25, 1935

AGE	Years	Months	Days	If LESS than 1 day Hrs. or min.
	1	11	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John J. Murphy

14. BIRTHPLACE (City or town) (State or country) New York N. Y.

15. MAIDEN NAME Katherine Reddy

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

INFORMANT Mother

(Address) 1606 E. 28 St.

BURIAL, CREMATION, OR REMOVAL Place Parkwood Date 10/6/37 19

UNDERTAKER George J. Roth Inc

(Address) 275 Hoffman St

FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-4 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-4- 1937 to 10-4 1937

I last saw h. alive on 10-4- 1937 Death is said to have occurred on the date stated above, at 4'15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Influenzal meningitis	9-3
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Wadsworth Hutchinson M. D.

(Address) Sydenham Hosp.

- 1937

96692

HEALTH DEPARTMENT—CITY OF BALTIMORE

96692

CERTIFICATE OF DEATH 26704--C 59

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 11-4 Ward)

Length of residence in city or town where death occurred 43 yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Hines

(a) Residence: No. 937 N. Eutaw St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Lucy (Sep)

DATE OF BIRTH (month, day, year) 8-23-1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Thomas (D)

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Miles. Hill (D)

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Records of Balto. City Hospts

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Oct 5, 1937

UNDERTAKER Chas. D. Cooper

(Address) 514 N. Calhoun St.

FILED 19 Registrar

- 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1937, to October 2, 1937

I last saw h~~e~~ alive on October 2, 1937. Death is said to have occurred on the date stated above, at 6.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9-19-37
Other contributory causes of importance: Diabetes mellitus	Unknown

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation Clinical? What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lautelle, M. D.

(Address) Baltimore City Hospitals

39693 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 39693

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH — Registered No.
CITY OF BALTIMORE: (No. Emersonian Apts. Eutaw Place & Brooks Lane 13-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mos. ds.

2. FULL NAME Arthur D. Kaufman — If U. S. Veteran specify WAR

(a) Residence: No. Emersonian Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rieta M. Kaufman

DATE OF BIRTH (month, day, year) Sept. 4, 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dept. Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prop.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ga.

13. NAME Jacob Kaufman

14. BIRTHPLACE (city or town) (State or country) Ga.

15. MAIDEN NAME Ida M. Bernd

16. BIRTHPLACE (city or town) (State or country) Ga.

INFORMANT Mr. L. Mayer,
(Address) Belvedere Hotel.

BURIAL, ~~CREMATION OR REMOVAL~~
Place Oheb Shalom Cem. Date Oct. 6, 1937

UNDERTAKER Harris Sondheim & Son.
(Address) 1902 Eutaw Place

FILED 1937 Huntington Williams Nov 1

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1931. to Oct. 4, 1937.
I last saw him alive on June 24, 1937. Death is said to have occurred on the date stated above, at 6.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	10-4-37.

Other contributory causes of importance: None

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) V. B. Heroman M. D.
(Address) 1107 St. Paul St.

E 39694

39694 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

161-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 6 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sterling F. Schwink

(a) Residence: No. 6 Glencoe Av. St., Catonsville Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Unknown

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	9	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME John C. Schwink

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Pearl L. Fallen

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Univ. Hosp. Records.
(Address)

BURIAL, CREMATION, OR REMOVAL Oct 7 '37

UNDERTAKER Gore & Talley
(Address) Fulton & Fayette

FILED OCT 7 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 9, 1937, to October 4, 1937

I last saw h. alive on Oct. 4 1937 Death is said to have occurred on the date stated above, at 3:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	
Thrombocytopenic purpura	
Other contributory causes of importance: Nutritional Anemia	

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19 —

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph E. Bush, M. D.

(Address) Univ. Hospital

F 39695

39695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-a

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens Ave t Caton Ave St 20-8 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward Machek

(a) Residence: No. 2248 Collins Ave St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) July 3 1911

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	26	3		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (City or town) (State or country) Maryland

13. NAME Louis J Machek

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Margaret Seubolt

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mrs Louis J Machek
(Address) 2248 Collins

BURIAL, CREMATION, OR REMOVAL Cathedral Cem Date 10/6/37

UNDERTAKER Joyce & Sons
(Address) Hilton & Forsythe

FILED ....., 19..... Registrar.

1937 Huntington Williams N.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-3-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-21-1937 to 10-3-1937

I last saw him alive on 10-3-1937. Death is said to have occurred on the date stated above, at 6.40 a.m.

The principal cause of death and related causes of importance were as follows:

Subacute Bacterial Endocarditis. — Date of onset 7 21 37

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify .....

(Signed) Lawrence J Strimanek M. D.

(Address) St. Agnes Hospital

9696 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 39696

CERTIFICATE OF DEATH ✓91-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1744 Hanover St. St., 23-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida May Kroening. If U. S. Veteran specify WAR .....

(a) Residence: No. 1744 Hanover St. (Usual place of abode) St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 1, 1924

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	13	1	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Geo. H. Kroening

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Ida M. Cole

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ida M. Koening
(Address) 1744 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Locher Hill Date Oct 7 1927

19. UNDERTAKER G. Howard Evans
(Address) 1400 N. Charles St

20. FILED Oct 7 1927 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct, 4m 1927

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Janndice	
Acute Endocarditis	
Caus Undetermand)	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Cullen M. D.
Coroner

(Address) 2757 W. North Ave

39697 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 39697

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD. 3-3

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR WW

2. FULL NAME Victor Anderson

(a) Residence: No. 817 S. Bond St., Balto. Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced HUSBAND of (or) WIFE of --

DATE OF BIRTH (month, day, year) Dec. 18, 1890

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	9	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 430

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. So. African Line

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation --

BIRTHPLACE (city or town) (State or country) Sweden

12. NAME Anres Gustafson

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Sweden

INFORMANT Records-U.S.Marine Hospital,
(Address) Baltimore, Maryland.

BURIAL, CREMATION, OR REMOVAL
Place Balto Nat Cem Date 10-6-37

UNDERTAKER Albert Brooks & Son
(Address) Callow & Hollins sts

FILED 10-6 19 37 Registrar

6-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 7, 1937, to October 4, 1937

I last saw him alive on October 4, 1937. Death is said to have occurred on the date stated above, at 11:40a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pharynx, squamous cell grade IV	July 37

Other contributory causes of importance:

Was an operation performed? Yes Date of 9-8-37

For what disease or injury? Carcinoma

Name of operation Biopsy

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) T. B. W. Anderson, M. D.

(Address) U.S.Marine Hospital, Balto.

HLW/G

F 39698

39698 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1 23

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 614 S. Grund St., 22-2 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Robert Garnett or Robert Williams

If U.S. Veteran specify WAR .....

(a) Residence: No. 614 S. Grund St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced WIFE of (or) HUSBAND of Louise Garnett

DATE OF BIRTH (month, day, year) Jan. 1/1906

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	9	2	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Brunelle A.A.Co. Md.

12. NAME OF FATHER James Garnett

13. BIRTHPLACE (city or town) (State or country) Richmond Va.

14. MAIDEN NAME OF MOTHER Margret Jones

15. BIRTHPLACE (city or town) (State or country) Md.

16. INFORMANT Margret Williams

(Address) 614 S. Green St.

17. BURIAL, CREMATION, OR REMOVAL

Place St. Marks, A.A.Co. Date 10/6/37. 19

18. UNDERTAKER Walter B. Lyster

(Address) 134 Main St. Annapolis for Williamsburg, Va.

19. FILED Oct 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1937, to Oct 3, 1937

I last saw him alive on Oct 2, 1937. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Tuberculosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) L. Morley Stoaz, M. D.

(Address) 729 Washington Blvd

9699 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 39699

CERTIFICATE OF DEATH

√134

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 W West St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME James Harris

(a) Residence: No. 107 W West St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed or divorced HUSBAND of (or) WIFE of Martha Harris

DATE OF BIRTH (month, day, year) Mar 2, 1877

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	7	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Md

13. NAME Solomon Harris

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Hawkins

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Martha Harris

(Address) 107 W West

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 10/6/37, 19...

UNDERTAKER Isaiah L Brown & Son

(Address) 1211 Montgomery St

1937 Filed Oct 7 1937 Registrar.

937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1937, to Oct 4, 1937

I last saw h.. alive on Oct 3, 1937 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Renal calculi

Other contributory causes of importance: Pyelitis

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. S. McCard M. D.

(Address) 2029 Druid Hill Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39700

CERTIFICATE OF DEATH

51-F

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-12 Ward)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jacob Frey

(a) Residence: No. 527 N. Belnord Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Adrian

6. DATE OF BIRTH (month, day, year) 11/25/75

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ... min.
	61	10	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) MD

13. NAME Peter Frey

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Hartell

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Oct 6 1937

19. UNDERTAKER John Ellicott
(Address) 2005 Arlington

20. FILED Oct 6 1937 Registrar Williams, Asst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-3. 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1937 to Oct-3 1937

I last saw him alive on Oct-3 1937 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Penis	?
Urinary T and Infection	?
Uraemia	

Other contributory causes of importance:
Diabetes Mellitus
Cerebral Thrombosis

Was an operation performed? Yes Date of 8/19/36

For what disease or injury? Carcinoma of Penis

Name of operation Perineal Urethrotomy

What test confirmed diagnosis? Path Exam Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Col E. Burkland M. D.

(Address) Johns Hopkins Hosp

Ragnhild Thorp O.K. Paul Schenck, M.D. 39701

39701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

112

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Infirmary St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ragnhild Thorp.

(a) Residence: No. 807 N. Streeper St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, (Married,) Widowed, or Divorced (write the word)
Fem.	Wht.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Reuben Thorp

DATE OF BIRTH (month, day, year) Oct 23 1894

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	11	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Norway

13. NAME Amundsen

14. BIRTHPLACE (city or town) (State or country) Norway

15. MAIDEN NAME Helga Olsen

16. BIRTHPLACE (city or town) (State or country) Norway

INFORMANT (Address) Reuben Thorp 807 N Streeper St

BURIAL, CREMATION, OR REMOVAL Place Woodland Park Date Oct 6, 1937

UNDERTAKER (Address) John Ellerick 2008 Orleans

FILED Oct 6 1937 Huntington for Thomas, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1937, to Oct. 2, 1937

I last saw her alive on Oct. 2, 1937 Death is said to have occurred on the date stated above, at 3:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	1930

Other contributory causes of importance:

Terminal cardiac failure.

Was an operation performed? No Date of

For what disease or injury? No

Name of operation None Date of

What test confirmed diagnosis? 0 Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Wesley J. Ketz, M. D.

(Address) Church Home & Inf.

39702 E 39702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46-G

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md. 12-6

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lewis R. Haley

(a) Residence: No. ..... St., ... Ward. Crisfield, Maryland
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Rozella Blake

DATE OF BIRTH (month, day, year) March 7, 1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	6	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 0021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 3-15-37

11. Total time (years) spent in this occupation --

BIRTHPLACE (city or town) (State or country) Somerset Co., Md.

13. NAME John S. Haley

14. BIRTHPLACE (city or town) (State or country) Somerset Co., Md.

15. MAIDEN NAME Mary Ann Hemmingway

16. BIRTHPLACE (city or town) (State or country) Somerset Co., Md.

INFORMANT (Address) Records- U.S. Marine Hospital, Baltimore, Maryland.

BURIAL, CREMATION, OR REMOVAL Place St. Mary's, Hampden Date Oct. 6 1937

UNDERTAKER (Address) E. Leroy Stauffer, Inc. 125 E. North Ave.

FILED 10-5-1937 19 ..... By .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1937, to October 3, 1937

I last saw him alive on October 3, 1937 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, embryonal, metastatic, retroperitoneal, mediastinal and cervical glands	unknown
Other contributory causes of importance:	

Was an operation performed? Yes Date of 7-31-37

For what disease or injury? Carcinoma

Name of operation Biopsy of skin

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) T. M. N. a. Nurse, M. D.

(Address) U. S. Marine Hospital, Balto.

39703 F 39703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 647 Oxford St. 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lydia Chase Pemberton

If U. S. Veteran specify WAR

(a) Residence: No. 547 Oxford St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Pemberton

DATE OF BIRTH (month, day, year) Nov 2, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	77			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework (003)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Robert Poston

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Charles Pemberton Sr.

(Address) 547 Oxford St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Oct 7, 1937

19. UNDERTAKER James Lastayo

(Address) 142 Linden St.

20. FILED 19 Registrar

OCT 6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon, and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows: 10:45 a.m.

	Date of onset
Acute Myocarditis.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hayes, M. D.

Coroner

(Address) 1245 Hanover

E 39704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-2

1. PLACE OF DEATH Johns Hopkins Hospital — Registered No.

CITY OF BALTIMORE: (No. 7-5 St., rd) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mattie Reed — If U. S. Veteran specify WAR

(a) Residence: No. 1026 W. Lafayette Ave St., Ward. Washington N. C. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	married

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Jany — 1902

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. C.

13. NAME Roland Holland

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Eliza Shepard

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Friends

(Address) Johns Hopkins Hospital

BURIAL, CREMATION, OR REMOVAL

PLACE Washington N. C. Oct 8 37

UNDERTAKER James A. Sayer

(Address) 142 Russell St

FILED ... 19...

Registrar

10 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 10th 1937 to Oct 4th 1937

I last saw her alive on Oct 4, 1937 Death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary embolus — Date of onset Oct. 4.

Other contributory causes of importance:

Was an operation performed? yes Date of Sept 11, 1937

For what disease or injury? Myomata uteri

Name of operation Laparatomy

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify

(Signed) Chas. S. Stevenson M. D.

(Address) Johns Hopkins Hosp Balto. Md.

705 F 39705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp 5-1 Ward)

Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hodora Harris

If U. S. Veteran specify WAR

(a) Residence: No. 138 N. Colvin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col.	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 2-8-37

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Joseph Garman

14. BIRTHPLACE (city or town) (State or country) Cape Verde Islands

15. MAIDEN NAME Louise Harris

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Father

(Address) 138 N Colvin St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Oct 6 1937

UNDERTAKER Adolphus Halsted

(Address) 1218 Druid Hill Ave

FILED 10-6-1937 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-4-1937

22. I HEREBY CERTIFY, That I attended deceased from 9-30-1937 to 10-4-1937

I last saw h alive on 10-4-1937 Death is said to have occurred on the date stated above, at 9 48 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	9-21
Interstitial bronchopneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas Kelsey M. D.

(Address) Sydenham Hosp

39706 F 39706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital — Registered No. 1877
CITY OF BALTIMORE: (No.) Bay View St., 76 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR None

2. FULL NAME James Peacock
(a) Residence No. Annapolis Md. R.F.D. 2 St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Peacock (dead)

DATE OF BIRTH (month, day, year) June 27-1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	3	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. No employment
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) About 8 years ago. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland
13. NAME William Peacock
14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?
17. INFORMANT Mrs. Jos. R. Akers
(Address) Annapolis Md. R.F.D. 4
18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Oct. 6- 1937
19. UNDERTAKER Charles J. Schwab
(Address) 505 N. Monroe St.
20. FILED Oct 6 1937 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3, 1937
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) adduced by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	Oct 3 1937
Other contributory causes of importance: Epithelioma of Nose	8 years

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood Coroner, M. D.
(Address) 1712 N. Broadway

F 39707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Ann Richardson

If U. S. Veteran specify WAR ... Canada

(a) Residence: No. 145 2nd ave Street Yorktown Ward Saskatchewan

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-18-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

13. NAME Robert Richardson

14. BIRTHPLACE (city or town) (State or country) Canada

15. MAIDEN NAME Mary Dorimen

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

JOHNS HOPKINS HOSPITAL OCT. 6 - 1937 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

19. FILED OCT 6 - 1937 Virginia Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-29-37, 19... to Oct 2, 1937

I last saw her alive on Oct 2, 1937. Death is said to have occurred on the date stated above, at 1.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Oct 1937
Congenital Heart Disease	
Congenital Cataracts	

Other contributory causes of importance:

Was an operation performed? Yes Date of Sept 24-37

For what disease or injury? Congenital Cataracts

Name of operation Discission

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) James H. Hardy, M. D.

(Address) Johns Hopkins Hospital

F 39708

39708 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1087

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2616 Boone St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Hortense Jackson

(a) Residence: No. 2616 Boone St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 21-1915

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Howard Jackson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Hattie Custis

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Hattie Jackson

(Address) 2616 Boone St

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Oct 6 1937

UNDERTAKER Rayner Sanders

(Address) 1413 E. Preston St

FILED Huntington for Williams, N.J. Registrar

8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute lobar pneumonia	Oct 1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos. J. Cella Coroner M. D.

(Address) 5 S. Greene St

39709 HEALTH DEPARTMENT—CITY OF BALTIMORE 39709

CERTIFICATE OF DEATH

V184

Registered No. 4-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME (instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherin Moore

(a) Residence: No. Savage Howard Co. Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	Col	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) July 30, 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Ollie Moore

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Addie Wallis

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Ollie Moore

(Address) Savage Md.

BURIAL, CREMATION, OR REMOVAL Oct. 7 19

Savage Howard Co. Date

UNDERTAKER W. D. Pettit & Son

(Address) Laurel Md.

FILED 19 Huntington Williams, M.D. Registrar

D-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound of Abdomen	
Other contributory causes of importance:	

Was an operation performed? Yes Date Oct. 2, 1937

For what disease or injury? For Wound

Name of operation Repair the Wound Date Oct. 2

What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Oct. Date of injury, Oct. 2, 1937, 19

Where did injury occur? Elkridge md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Boys discharging pistols on Roadway

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. K. Allen, M. D. Coroner

(Address) 2737 N. Howard

39710 HEALTH DEPARTMENT—CITY OF BALTIMORE 39710

CERTIFICATE OF D[redacted]

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt, St., ✓ Ward) 15 9

Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME B. Boy [illegible] nartman

If U. S. Veteran specify WAR

(a) Residence: No. 3607 Hudson St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Premature

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 9-30-37

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John nartman

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Stock

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT B. C. n.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Balto City Hospt Date 9 30 37 19

UNDERTAKER

(Address)

FILED

- 1937 Huntington Williams, Nyt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/30, 1937, to 9/30, 1937

I last saw him alive on 9/7, 1937. Death is said to have occurred on the date stated above, at 7:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (3 mths)	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Charles S. Goodland M. D.

(Address) Balto. City Hospitals

F 39711

9711 HEALTH DEPARTMENT—CITY OF BALTIMORE

92-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 Park ave St 13 Ward)

Length of residence in city or town where death occurred 81 yrs. 6 mos. 21 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank M Dare

(a) Residence: No. 2001 Park Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary B. Dare

DATE OF BIRTH (month, day, year) March 14-1856

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	6	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. old age

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Wm Henry Dare

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Caroline Bowman

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Mrs Mary B. Dare

(Address) 2001 Park Ave

BURIAL, CREMATION, OR REMOVAL

Place Lucido Cem Date Oct. 7 1937

UNDERTAKER Jos. E. Branch & Sons

(Address) 847 Madison Ave

FILED 1937 Huntington-Williams Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1936 to Oct 5 1937

I last saw him alive on Oct 5 1937. Death is said to have occurred on the date stated above, at 1.55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	Oct 5 36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward Frey, M. D.

(Address) 1932 Penna. Ave.

9712 F 39712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 87-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 Mc. Donogh St., 7-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ....

2. FULL NAME Robert Hall

(a) Residence: No. 911 Mc. Donogh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Col.	Widower

If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Eliza Hall (Dec.)

DATE OF BIRTH (month, day, year) 1873

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 4 4/5

BIRTHPLACE (city or town) (State or country) Hertford N. Carolina.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) North Carolina.

15. MAIDEN NAME Charlotte

16. BIRTHPLACE (city or town) (State or country) N. Carolina.

INFORMANT Maud Wilson
(Address) 911 Mc. Donogh St.

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Oct 6 1937

UNDERTAKER Robert F. Williams
(Address) 15-18 McElderry St

FILED - 1937 Huntington Williams Reg'r

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to Oct 3, 1937

I last saw him alive on Oct 3, 1937. Death is said to have occurred on the date stated above, at 3:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	5 days
Other contributory causes of importance: Sub-acute Nephritis	4 months

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? N/O If so, specify

(Signed) Harris B. Luke M. D.

(Address) 1741 E. Lanvale St

HEALTH DEPARTMENT—CITY OF BALTIMORE

39713 F 39713

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Carl Pope

(a) Residence: No. Berwyn St., Ward. Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced: HUSBAND of (or WIFE of) Mary A. Pope (Ma Nally)

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	unknown	unknown	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. patient

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mt. Wilson

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) N. Carolina (State or country)

13. NAME Joseph R. Pope

14. BIRTHPLACE (city or town) N. Carolina (State or country)

15. MAIDEN NAME Adelaide Tendrick

16. BIRTHPLACE (city or town) N. Carolina (State or country)

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery 10/7 . 1937

19. UNDERTAKER Henry Ver Mears & Son

(Address) 505 N. Calvert St.

20. FILED 10-6-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 27, 1937 to October 5, 1937

I last saw him alive on Oct. 5, 1937. Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1931
Pneumothorax	8/8/37
Septicemia (staphylococcus)	9/14/37
Meningitis (staphylococcic)	10/3/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Everett S. Diggs M. D.

(Address)

39714 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39714

STUART

CERTIFICATE OF DEATH

Registered No. 34-9-131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Carrie Stuart

(a) Residence: No. 1610 E. 28th Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles E. Stuart

DATE OF BIRTH (month, day, year) Jan. 15th, 1937

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	8	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Hugh Fagen

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Carrie Frederick

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Charles E. Stuart

(Address) 1610 E. 28th, Street

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Oct. 9th, 19 37

UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Harford Avenue

FILED 19 Washington Williams Nov

10-9-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1937 to 10/5, 1937

I last saw h... alive on 10/5, 1937 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	one wk
Liver	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard Ludwan, M. D.

(Address) Sinai Hospital

F 39715

39715 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2418 W. Lombard St. St., 20-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie E. Budravicius (Budrow)

(a) Residence: No. 2418 W. Lombard St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) March 5 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	8	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York N.Y.

13. NAME Joseph Vilkauskas

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Elizabeth Benson

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Mr. William Budrow
(Address) 2418 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct. 8 ,37

19. UNDERTAKER Wm. F. Jackson & Son
(Address) Baltimore Md.

20. FILED ... 19 ... Registrar.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5 ,1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 10 1937 to Oct 5 1937

I last saw her alive on Oct 5 1937 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Arteriosclerosis	
Hypertension	
Other contributory causes of importance: Pulmonary Oedema	

Was an operation performed? No Date of ...

For what disease or injury? ...

Nature of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James F. Kilgallon M. D.

(Address) 721 Madison Ave

E 39716

HEALTH DEPARTMENT—CITY OF BALTIMORE

716

CERTIFICATE OF DEATH

51-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Merrel H. Caler

(a) Residence: No. 1704 Guilford Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of Julia T. Caler

6. DATE OF BIRTH (month, day, year) October 23rd 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Merchant / Self

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 40 yrs

10. Date deceased last worked at this occupation (month, year) Sept 1937

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Kingston, N.Y.

13. NAME James Caler

14. BIRTHPLACE (city or town) (State or country) Kingston, N.Y.

15. MAIDEN NAME Sara Catherine Hutchins

16. BIRTHPLACE (city or town) (State or country) Kingston, N.Y.

17. INFORMANT Mrs Julia T. Caler

(Address) 1704 Guilford Ave.,

18. BURIAL, CREMATION, REMOVAL

Place Woodlawn Cem Date Oct 8th 1937

19. UNDERTAKER Wm. H. Tucker & Sons

(Address) Mulberry & Arch.

20. FILED 19 Registrar.

1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 31 1937 to Oct. 5 1937

I last saw h... in alive on Oct. 5 1937 Death is said to have occurred on the date stated above, at 9 a.m. p.m.

The principal cause of death and related causes of importance, were as follows:

Carcinoma of bladder (Cancer) — Date of onset 6 yrs ago?

Other contributory causes of importance:

Uraemia — 5 days

Was an operation performed? Yes Date of Aug 31, 1937

For what disease or injury? Carcinoma of bladder

Name of operation Supra-pubic cystotomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hugh C. Degenhardt M. D.

(Address) Church Home & Infirmary

F 39717

39717 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3413 Forest Park Ave (Ward) 15-8

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 3 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fredk Berkley Horsey

If U. S. Veteran specify WAR

(a) Residence: No. 3413 Forest Park Ave, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced: HUSBAND of (or) WIFE of Lulu Tull Horsey

6. DATE OF BIRTH (month, day, year) June 30, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	3	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0060

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation Balto. Co.

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME OF FATHER Geo. Hess Horsey

14. BIRTHPLACE (city or town) (State or country) Seaford Del

15. MAIDEN NAME OF MOTHER Henrietta Smith

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT (Address) Mrs Fredk Berkley Horsey 3413 Forest Park Ave

18. BURIAL, CREMATION, OR REMOVAL Place Seaford Del Date Oct 8 1937

19. UNDERTAKER (Address) Wm Fletcher Sons North & Pa Aves.

20. FILED 19 Registrar.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 1937

22. I HEREBY CERTIFY, That I attended deceased from JUNE 19 1937 to October 6 1937

I last saw him alive on October 5 1937 Death is said to have occurred on the date stated above, at 2.30 a m.

The principal cause of death and related causes of importance were as follows:

Cancer of Pancreas — Date of onset 6-19-37

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-Ray Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur J Davies M. D.

(Address) 8006 33rd Street

Attending Physician. Philadelphia, Pa.

HEALTH DEPARTMENT—CITY OF BALTIMORE

39718 — F 39718

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2205 Lake Ave. St., 8-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank R. Berlincke

If U. S. Veteran specify WAR .....

(a) Residence: No. 2205 Lake Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Emma H. Berlincke

DATE OF BIRTH (month, day, year) Aug. 9, 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	1	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plumbing & Heating

10. Date deceased last worked at this occupation (month and year) Nov. 1, 1936

11. Total time (years) spent in this occupation 50

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME ~~Unknown~~ Christopher Berlincke

14. BIRTHPLACE (city or town) (State or country) ~~Unknown~~ Bremen ~~Unknown~~ Germany

15. MAIDEN NAME ~~Unknown~~ nata

16. BIRTHPLACE (city or town) (State or country) ~~Unknown~~ Bremen ~~Unknown~~ Germany

INFORMANT Mr. Charles R. Berlincke

(Address) 2235 Pelham Ave.

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Oct. 7 19 37

UNDERTAKER Frederick Loraine & Son

(Address) 7401 Belair Road

FILED Huntington Williamson Jr. Registrar.

37

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1936 to Oct 5, 1937

I last saw ~~him~~ alive on Oct 4, 1937 Death is said to have occurred on the date stated above, at 3:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset a number of years
Chronic Bronchitis - Fibrosis Emphysema	7 yrs
Other contributory causes of importance: Myocardial Degeneration acute cardiac Dilatation Pulmonary Edema	Oct 4 1937

Was an operation performed? no Date of ✓

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Morris B. Green M. D.

(Address) 5543 Harford Rd. Baltimore Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

39719

CERTIFICATE OF DEATH

94-F 39719

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3623 Bayonne Ave. St., 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Julius Grabus

(a) Residence: No. 3623 Bayonne Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Grabus

DATE OF BIRTH (month, day, year) Jan. 7, 1856

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Roads

10. Date deceased last worked at this occupation (month and year) Dec. 24, 1936

11. Total time (years) spent in this occupation 48

BIRTHPLACE (city or town) (State or country) Schneidemuhl Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

INFORMANT Mr. Anthony Grabus
(Address) 4221 White Ave.

BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Oct. 7 37

UNDERTAKER Frederick Lassahn & Son
(Address) 7401 Belair Road

FILED Williamsport Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1937 to Oct. 4, 1937

I last saw him alive on Oct 4, 1937. Death is said to have occurred on the date stated above, at 7:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	1/1/37
Other contributory causes of importance:	
Arteriosclerosis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Eugene L. Pearson, M. D.

(Address) 514 Druid Lane

39720 F 39720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 N. Castle St., 8-E Ward)

Length of residence in city or town where death occurred 1-1/2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Fortelier If U.S. Veteran specify WAR No Record

(a) Residence: No. 1800 N. Castle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

If ~~married~~, widowed, ~~or divorced~~ (or) WIFE of August M. Fortelier

7. DATE OF BIRTH (month, day, year) April 2 1872

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6		

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

12. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

13. BIRTHPLACE (city or town) (State or country) Balto Md

14. NAME of Father ? Dere

15. BIRTHPLACE (city or town) (State or country) Md.

16. MAIDEN NAME of Mother ? Shaffer

17. BIRTHPLACE (city or town) (State or country) Md.

18. INFORMANT Mrs Maria Mc Knight

(Address) 1800 N. Castle St

19. BURIAL, CREMATION, OR REMOVAL. Place Cathedral Date Oct 7th 1937

20. UNDERTAKER Wm Cook

(Address) 417 St Paul St

1937 Huntington Williams N.P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4th, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1 1937 to Oct 4 1937

I last saw her alive on Oct 4 1937 Death is said to have occurred on the date stated above, 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis (Infect.) — Date of onset

Other contributory causes of importance Cardiac Decompensation

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Conrad Holley M. D.

(Address) 5103 Harford Rd

9721 E 39721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

176

Registered No. 21-18

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3325 Belvedere Av Ward) 18

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Virginia Bright

If U.S. Veteran specify WAR No Record

(a) Residence: No. 3325 Belvedere Av (St.) Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

If ~~married, widowed, or divorced~~ (or) WIFE of Thos. Howard Bright

6. DATE OF BIRTH (month, day, year) April 2nd 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	6	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Mt Washington Md

13. NAME James Boggs

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Ann Hook

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary V. Stoddard

(Address) 3325 Belvedere Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Oct 7th 1937

19. UNDERTAKER Wm Cook

(Address) 217 St. Paul st

20. FILED 1937 Huntington Williamsport Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5th 1937

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to October 5 1937

I last saw h alive on Oct. 4 1937 Death is said to have occurred on the date stated above, 5:0 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracerebral Hemorrhage	
Arteriosclerosis Heart Disease	Unknown

Other contributory causes of importance:

Gall Bladder disease
cold Yes

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jack. H. Morgan M. D.

(Address) 6-E- Read St

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 39722

39722

CERTIFICATE OF DEATH 151A (Rev) 95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No., Baltimore City Hospitals St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alexander Losovsky or Losyke

(a) Residence: No. 1609 Faith Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna

DATE OF BIRTH (month, day, year) 11/25/1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME' Michael

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Frances ?

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Date 10/7 193

UNDERTAKER Tom Cook
(Address) 1217 E Fort Ave

FILED 19 Registrar

- 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 15, 1937, to October 4, 1937

I last saw him alive on October 4, 1937. Death is said to have occurred on the date stated above, at 5:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. J. De Sautelle M. D.

(Address) Baltimore City Hospitals.

F 39723

39723 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

95-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3023 Abell Ave 17-2 Ward)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John L. Weaver

If U.S. Veteran specify WAR No Record

(a) Residence: No. St. Petersburg Florida Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Agnes E. Weaver

6. DATE OF BIRTH (month, day, year) Mar 8th 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	6	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Train Dispatcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R. R.

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 53

12. BIRTHPLACE (city or town) (State or country) Penna

13. NAME Frederick Weaver

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Agnes E. Weaver

(Address) St Petersburg Fla

18. BURIAL, CREMATION, OR REMOVAL

Place Marysville Pa Date Oct 6 1937

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED 10-7-1937 Huntington, Williamson, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4th 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 4th 1937 to ..... 19....

I last saw h.. alive on Oct 4th 1937. Death is said to have occurred on the date stated above, at 10 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular fibrillation	
Bronchio-pneumonia - left lower	3 days.
Other contributory causes of importance:	
Arteriosclerosis - generalized	years
Arteriosclerotic heart disease	..

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry M. Hansen, M. D.

(Address) 20 E. Preston Street

F 39724

39724 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

180

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., 7E-10 Ward)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Redding — If U. S. Veteran specify WAR .....

(a) Residence: No. 236 S. Highland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Mary Redding

DATE OF BIRTH (month, day, year) Oct 7-1883

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc — Motorman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Street Car
10. Date deceased last worked at this occupation (month and year) Oct 5-1937 — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.
13. NAME John Redding
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Christine?
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Mrs. Mary Redding (wife)
(Address) 236 S. Highland Ave.
18. BURIAL, CREMATION OR REMOVAL
Place New Cathedral Date Oct 8 1937
19. UNDERTAKER Frank V. Pikitone
(Address) 2[illegible] E. Baltimore St.
20. Oct 8 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
First, second and third degree burns over 3/4 of body	Oct 5 1937

Other contributory causes of importance: Explosion due to Naphtha

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 5, 1937
Where did injury occur? Home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place 236 Highland Ave.
Manner of injury Explosion from Naphtha while Cleaning Seats
Nature of injury Burns on Body

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. W. Ward, M. D.
Coroner
(Address) 1712 N. Broadway

6

B 8445-8 E 39725

39725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. X 7-5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert L. Griffin

If U. S. Veteran specify WAR

(a) Residence: No. Graham N. Car. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Long Griffin

DATE OF BIRTH (month, day, year) 9/14/77

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59		22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. State Highway Dept

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. Car.

13. NAME Thomas Griffin

14. BIRTHPLACE (city or town) (State or country) N. Car.

15. MAIDEN NAME Elizabeth Bland

16. BIRTHPLACE (city or town) (State or country) N. Car.

INFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Yokomick Date 10-7-37

UNDERTAKER Pentlow & Cooke

Address Graham N. C.

FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1937 to Oct 6, 1937.

I last saw him alive on Oct 6, 1937. Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis - B. Coli	9-20-37
Other contributory causes of importance:	

Was an operation performed? Yes Date of 9-22-37

For what disease or injury? Tic douloureux

Name of operation Section N. V

What test confirmed diagnosis? Bact. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) William Gray Walton, M. D.

(Address) Johns Hopkins Hospital

39726 E 39726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 4-2 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herbert Clark

If U. S. Veteran specify WAR

(a) Residence: No. Ellicott City, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Aug 12 1936

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ellicott City Md

18. NAME George Ray Clark

14. BIRTHPLACE (city or town) (State or country) Ellicott City Md

15. MAIDEN NAME Anna Lowry

16. BIRTHPLACE (city or town) (State or country) Ellicott City Md.

INFORMANT Mother

(Address) Same

BURIAL, CREMATION, OR REMOVAL

Place St Johns Cem Date Oct 8 1937

UNDERTAKER Easton Sons

(Address) Ellicott City

FILED . 19 Registrar.

-1937 Huntington Millington, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 1937 to Oct 6 1937

I last saw him alive on Oct 6 1937 Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

Pertussis — Date of onset 9-17-37

Bacillary dysentery — Date of onset 9-17-37

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Francis D Schwentker M. D.

(Address) Sydenham Hospital

39727 F 39727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

1. PLACE OF DEATH 2102 Baltonst St. 13-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 84 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William & Paul

(a) Residence: No. 2102 Balton St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Mar 11 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	6	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Reliver 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel maker

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balt.

13. NAME Conrad Paul

14. BIRTHPLACE (city or town) (State or country) German

15. MAIDEN NAME Anna Ruth

16. BIRTHPLACE (city or town) (State or country) German

INFORMANT Family Record

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Oct 7 1937

18. UNDERTAKER Mrs Mrs John W. Teufel & Son

(Address) 801 W. Fayette St

19. FILED 19 ... Registrar.

7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

Duration

1. Injury to leg. Fracture of hip. Shock from injury — 9/23

Other contributory causes of importance: Fall by slipping on floor

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/23, 1937

Where did injury occur? 2107 Balton St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fall by slipping on floor

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Crans Coroner, M. D.

(Address) Coroner

39728 Scheu F 39728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. 7-18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4005 Haywood Ave (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lola L. Scheu

(a) Residence: No. 4005 Haywood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) February

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

12. NAME Louis Scheu

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth —

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Miss Josephine Scheu

(Address) Martinsburg W. Va

BURIAL, CREMATION, OR REMOVAL Mt. View Cem. Va.

Place Martinsburg Date Oct. 8 1937

UNDERTAKER Maurice Speer

(Address) 1600 Edmondson Ave

FILED OCT 7 - 1937 Huntington Williamson, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1928, 19.., to Oct 5-37, 1937

I last saw h.. alive on Oct 5-37, 1937. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertension — Date of onset

Cerebrovascular disease and apoplexy — Date of onset

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? no Date of

For what disease or injury? no

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Jos Boyle, M. D.

(Address) 3045 W. North Ave.

39729 F 39729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospt St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth J Sapp

(a) Residence: No. 603 S Lakewood Ave St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of George F Sapp

DATE OF BIRTH (month, day, year) Oct 27 1879

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	11	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Fredrick Krusmann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Henrette Meyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George F Sapp (husband)

(Address) 603 S Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Schwartz Cemt Date Oct 9 1937

19. UNDERTAKER Zollie Zeiler

(Address) 403 S Wolfe St

FILED 19 [illegible]

6-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignancy (Cancinoma) of Stomach	

Other contributory causes of importance:

Metastasis to Liver

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber M. D.
Coroner

(Address) 1113 E. North Ave

F 39730

39730 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

X X 46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Angell

(a) Residence: (Usual place of abode) New Janeytown Md. St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Maurice Angell

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER George A. Shoemaker

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Sara Martin

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Maurice Angell Janeytown Md

18. BURIAL, CREMATION, OR REMOVAL Place Reformed Cemetery Date Oct 9 1937

19. UNDERTAKER (Address) C O Fuss & Son Janeytown Md

20. FILED 19 Registrar

7 - 1937 Huntington Howard, M.D.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Oct. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1937 to Oct. 6, 1937

I last saw h.. alive on Oct. 6, 1937 Death is said to have occurred on the date stated above, at 6:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of sigmoid	1936
Other contributory causes of importance:	
Related ulcerations	1937
Empyema	1937

Was an operation performed? yes Date of Sept. 15, 1937

For what disease or injury? Carcinoma of sigmoid

What test confirmed diagnosis Operation Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Walter Jr. M. D.

(Address) University Hospital

39731 E 39731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sydenham St. Ward
Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Calvin Foster
(a) Residence: No. 1132 W. Saratoga St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col.	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) 1-11-33

AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
	3	9	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) South Carolina
13. NAME Mark Foster
14. BIRTHPLACE (city or town) (State or country) S. C.
15. MAIDEN NAME Elizabeth Harris
16. BIRTHPLACE (city or town) (State or country) S. C.
INFORMANT Mother
(Address) 1132 W. Saratoga St.
BURIAL, CREMATION, OR REMOVAL
Place Mt. Lion Date Oct 9, 1937
UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Roselle St.
FILED ..... 19.... Fee: ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-5-1937
22. I HEREBY CERTIFY, That I attended deceased from 9-28- 1937 to 10-5- 1937
I last saw h[illegible] alive on 10-5- 1937 Death is said to have occurred on the date stated above, at 7.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	
Interstitial bronchopneumonia	9-20
Other contributory causes of importance:	

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Dr. Wayne Lebzelter M. D.
(Address) Sydenham Hosp.

7 - 1937

33516 4 HEALTH DEPARTMENT—CITY OF BALTIMORE 39732

CERTIFICATE OF DEATH

195-B

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 14-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Alexander

(a) Residence: No. 611 Mosher St., Ward. 0 Sen Dt

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sophie

DATE OF BIRTH (month, day, year) 10-14-72

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64		7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

13. NAME Plummer Alexander

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Eliza Hayes

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Antietam Natl. Ct. Date Oct. 7 37 19

UNDERTAKER Jos. Geo. N. Hoffman

(Address) 1631 Druid Hill Ave

FILED Oct 7 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1937 to Oct 5 1937

I last saw h[illegible] alive on October 5 1937 Death is said to have occurred on the date stated above, at 325 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism secondary to Hypertrophy and dilatation of Right heart	

Other contributory causes of importance:

arterio sclerosis - 9 years

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) [illegible] M. D.

(Address) Johns Hopkins Hospital

F 39733

HEALTH DEPARTMENT—CITY OF BALTIMORE

39733

CERTIFICATE OF DEATH

8-1 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3511 Harford Road St., 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Joanna Hemley

If U. S. Veteran specify WAR

(a) Residence: No. 3511 Harford Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob W. Hemley

DATE OF BIRTH (month, day, year) Jan. 16, 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	8	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Christopher Lambright

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Henrietta Hemley

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

INFORMANT Mrs. Wm. W. Ehrhardt

(Address) 3511 Harford Road

BURIAL, CREMATION, OR REMOVAL

Place Jerusalem Cem. Date Oct. 8 37

UNDERTAKER Frederick Lassahn & Son

(Address) 7401 Belair Road

FILED 19 Huntington Williams, Registrar.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1937, to Oct 6, 1937

I last saw her alive on Oct 6, 1937 Death is said to have occurred on the date stated above, at 10:35 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardio Fibrosis	Oct 2

Other contributory causes of importance:

Brights disease Chronic	2 yrs

Was an operation performed? No Date of

For what disease or injury? No

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Zimmerman M. D.

(Address) 7935 Harford Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39734 C

Registered No. 1922

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 1144 E. Lombard St., 3-2 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Cora Nelson

(a) Residence: No. 1144 E. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Geo. Nelson (Dead)

DATE OF BIRTH (month, day, year) Dec. 20 1882

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	9	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Oct. 5-1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

13. NAME Joseph Erickson

14. BIRTHPLACE (city or town) (State or country) Cumberland Maryland

15. MAIDEN NAME Amanda F. Hall

16. BIRTHPLACE (city or town) (State or country) Cumberland Maryland

INFORMANT Rose Basile

(Address) 17 Whitmans Ave. Jersey City N.J.

BURIAL, CREMATION OR REMOVAL

Place Mt Carmel Date Oct 9 1937

UNDERTAKER Martin W. E. Dippel

(Address) 37 S. Arm St.

FILED 19

7 - 1937 Huntington Williams Registrar

G.K.G.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Oct. 5 1937

Other contributory causes of importance: Alcoholism

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D.

(Address) 1712 N. Broadway Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

39735 V94-13 39735

Registered No.

39735

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 216 N. Bastle St., 6-th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank X Schmitt

If U.S Veteran specify WAR

(a) Residence: No. 216 N bastle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Mary A.

6. DATE OF BIRTH (month, day, year) Dec 14 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	9	22	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME George Schmitt

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Emma Siegert

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mary A Schmitt

(Address) 216 N bastle St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Oct 8 37

19. UNDERTAKER Martin W.E. Dippel

(Address) 37 S. Amm St.

20. Filed 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1932 to Oct 6 1937

I last saw him alive on Oct 6 1937. Death is said to have occurred on the date stated above, at 6¼ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Oct 3
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Liszka M. D.

(Address) 2348 Eutaw Ave

33 2104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

33 39736 ✓ 46 E 39736

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 2554 Ward)

Length of residence in city or town where death occurred 37 yrs. 7 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Gealdhaff — If U. S. Veteran specify WAR

(a) Residence: No. 115 Riverside Rd. St., Brooklyn Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Willard Yeldhall

DATE OF BIRTH (month, day, year) March 4, 85

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	7	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockster Jr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

12. NAME Benson Gealdhaff

13. BIRTHPLACE (city or town) (State or country) Maryland

14. MAIDEN NAME Mary Cromwell

15. BIRTHPLACE (city or town) (State or country) Maryland

16. INFORMANT Friends.

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 7 1937

UNDERTAKER John F. Deeny

(Address) 715 Light St

FILED 19 Huntington Williams, N.J.

OCT 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5 1937

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1937 to Oct 5th 1937

last saw him alive on Oct 5th 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the gall bladder with wide spread metastases	Mar. 1937
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) John C. Stockster, jr. M. D.

(Address) Johns Hopkins Hosp.

39737 E 39737

39737 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. X131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St. 7355 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Amelia Ganz (AMELIA A. GANZ)

(a) Residence: No. Linden Ave near Druid Lane St. Arlington Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A. Ganz.

DATE OF BIRTH (month, day, year) June 12-1895

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	6	23.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME of Father Henry Wm Schlaich

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME of Mother Mary Reichert

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Rose Lena Mrs. Schlaich

(Address) Same as Linden Ave & Arlington

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 7-37 19

UNDERTAKER F. B. Kippert & Son

(Address) 130 Arlington Ave

FILED 10-8 1937 Harrington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/4, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/15 1937 to 10/4 1937

I last saw her alive on 10/4 1937 Death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

Kidney disease & Uremia

Cardiac failure

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Blood Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard Ludwig M. D.

(Address) Sinai Hospital

39738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23F 39738

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 644 W. Lombard St. 4th Ward)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 28 yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Antanas T. VELULIS

(a) Residence: No. 644 W. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Velulis

DATE OF BIRTH (month, day, year): Sept 15, 1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46		20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shaper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Tanning

10. Date deceased last worked at this occupation (month and year): 7/37

11. Total time (years) spent in this occupation: 28

BIRTHPLACE (city or town) (State or country): Lithuania

13. NAME OF FATHER: Thomas Velulis

14. BIRTHPLACE (city or town) (State or country): Lithuania

15. MAIDEN NAME OF MOTHER: —

16. BIRTHPLACE (city or town) (State or country): ...

INFORMANT: Anthony Velulis Jr.

(Address) 644 West Lombard St.

BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: Oct. 9 1937

UNDERTAKER: Chas. B. Kuchauskas

(Address) 631 S Paca

FILED 1937 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1937, to Oct. 5, 1937

I last saw him alive on Oct. 5 1937. Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset ?

Other contributory causes of importance:

Terminal pneumonia

Was an operation performed? No Date of —

For what disease or injury?

Name of operation None Date of —

What test confirmed diagnosis? Clinical symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Anthony V Velulis M. D.

(Address) 317 S. Stricker St

O.K. Paul Schuyler, M.D. 39739

39739 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

V 163

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

2. FULL NAME Esther Beneach

(a) Residence: No. 701 N. Montford Ave St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 4, 1909

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation M&S

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Moritz Beneach

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Mirsch

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. M. Beneach

(Address) 701 N. Montford Ave

BURIAL, CREMATION, OR REMOVAL

Place Heb. Friendship Date Oct. 7 1937

UNDERTAKER David Sondheim's Son

(Address) 1902 Eutaw Place

FILED 1937 ... 19 ... Washington Williams Dep. Nyk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 5. 1937

22. I HEREBY CERTIFY, That I attended deceased from October 5 1937 to Evening of same day

I last saw h.ER. alive on ..., 19... Death is said to have occurred on the date stated above, at 9:32 P. m.

The principal cause of death and related causes of importance were as follows:

Bichloride of Mercury Poisoning — Date of onset 10/5/37

Other contributory causes of importance:

Was an operation performed? Yes Date of 10/5/37

For what disease or injury? Severe colitis

Name of operation Caecostomy

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 10/5 1937

Where did Injury occur? At home. (Balto, Md.)
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of Injury Swallowing Bichloride ?

Nature of Injury Mercury tablets.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Elliot Michaelson M. D.

(Address) Sinai Hospital.

39740

HEALTH DEPARTMENT—CITY OF BALTIMORE

39740

95-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 E. Baltimore St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Gustav Louis

(a) Residence: No. 700 E. Baltimore St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Agnes Louis

DATE OF BIRTH (month, day, year) Mch. 4, 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	7	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Prop.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Adolph Louis

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Fannie Baumgarten

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr. J. Baumgarten,
(Address) 111 W. Fayette St.

BURIAL, CREMATION OR REMOVAL
Place Balto. Hebrew Cem. Oct. 7, 1937

UNDERTAKER David Sandheim
(Address) 1902 Eutaw Place

FILED ... 19... ... Registrar.

- 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1935 to Oct. 5 1937
I last saw him alive on Aug 1937. Death is said to have occurred on the date stated above, at 7.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Disease	Few years
Coronary artery Disease	
Other contributory causes of importance: Acute Coronary Occlusion	20 minutes

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation None

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) A. A. Sussman M. D.

(Address) 2340 Eutaw Place.

39741 F 39741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7-5-V23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 W. Hanover St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nicolla Polimeros

If U. S. Veteran specify WAR .....

(a) Residence: No. 824 W. Hanover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Color	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Wallace

DATE OF BIRTH (month, day, year) Mar. 10, 1906

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
32	6	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Veldese N. C.

13. NAME Ben Anderson

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Anderson

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Wallace Polimeros

(Address) 824 W. Hanover St

BURIAL, CREMATION, OR REMOVAL

Place Sheldon N. C. Date Oct 7th 1937

UNDERTAKER Mrs Roland E. Ellis & daughter

(Address) 1129 N. Broadway St.

FILED 1937 Oct 8 1937 Frederick Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/7, 1937 to 10/5, 1937

I last saw h. alive on 10/3, 1937 Death is said to have occurred on the date stated above, at 8:45 m. A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1 yr
Other contributory causes of importance:	

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) L. L. Bourne M. D.

(Address) 1000 E. Madison St

F 39742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

39742 ✓131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial St., Hospital) Ward 3

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. 11 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. George Samuel Mills

If U. S. Veteran specify WAR

(a) Residence: No. 853 Hamilton Terrace St., Ward. City
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	married

If married, widowed or divorced HUSBAND of (or) WIFE of Clara B Mills

6. DATE OF BIRTH (month, day, year) July 6 — 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	3	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dry Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elite Laundry

10. Date deceased last worked at this occupation (month and year) Aug 27

11. Total time (years) spent in this occupation 11 yrs

12. BIRTHPLACE (city or town) (State or country) Snow Hill Md

13. NAME Ernest S Mills

14. BIRTHPLACE (city or town) (State or country) Snow Hill Md

15. MAIDEN NAME Anna Lewis

16. BIRTHPLACE (city or town) (State or country) Pocomoke Md

17. INFORMANT Clara B Mills
(Address) 853 Hamilton Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Snow Hill Md Date Oct 10 1937

19. UNDERTAKER Charles P Powell
(Address) 2427 Eutaw Place Ave

20. FILED 19 Registrar.

OCT 1 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-6-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 8-23-37, 19, to 10-6-37, 19

I last saw h[illegible] alive on 10-6-37, 19. Death is said to have occurred on the date stated above, at 7:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant hypertension	8-23-37 (?)
Chronic nephritis	8-7-37 (?)
Uremia	8-23-37.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? BP + N.P.N. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If [illegible]

(Signed) Robert H Oliver M. D.

(Address) Union Memorial Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39743

)9743

CERTIFICATE OF DEATH

146-c

1. PLACE OF DEATH

Registered No.

ITY OF BALTIMORE: (No. 403 N. Fulton Ave. St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ength of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Earl Lloyd

If U. S. Veteran specify WAR

(a) Residence: No. 403 N. Fulton Ave. St., Ward. Va.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel V. Lloyd

DATE OF BIRTH (month, day, year) December 8, 1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	9	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Guard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Corckrins Art Factory

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 9

BIRTHPLACE (city or town) (State or country) Manassas Va.

13. NAME George Lloyd

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Mabel Martin

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs. Mabel V. Lloyd

(Address) 403 N. Fulton Ave.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date October 9 1937

UNDERTAKER W. J. Jacques & Son

(Address) No. 19 E. Lee St.

FILED - 1937 Registrar. Huntington Printing Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1937 to Oct 7th 1937

I last saw him alive on Oct 7 1937. Death is said to have occurred on the date stated above, at 12:15A m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cancer of Liver — Sept 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. L. Nuckols M. D.

(Address) 61 N. Fulton Ave

E 39744

39744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 Brookwood Rd. W. 23-4 Ward)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fannie Pierce

If U. S. Veteran specify WAR .....

(a) Residence: No. 708 Washington St. St., Bloomington Ill Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

If married, widowed, or divorced HUSBAND of (or) WIFE of O. N. Pierce.

6. DATE OF BIRTH (month, day, year) June 16 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 50 37

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Harford Co.

13. NAME William T Shay.

14. BIRTHPLACE (city or town) (State or country) Harford Co.

15. MAIDEN NAME E. Easler

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr Frank Badart.

(Address) 720 Brookwood Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date Oct 8, 1937

19. UNDERTAKER Williams & Dyches & Son

(Address) Natl Bk of Comm Bldg

20. FILED Huntington Williams, M.D.

(Signature)

OCT - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1937 to Oct 6, 1937

I last saw h[illegible] alive on Oct 5, 1937 Death is said to have occurred on the date stated above, at 12 30 A. m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Chronic Myocarditis	Dur. 7 mos.

Other contributory causes of importance:

None

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Augustine P. Von Schrader M. D.

(Address) 4816 Edmondson Ave

E 39745

39745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 Gwynns Falls St. 13-4 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Blaha

(a) Residence: No. 1710 Gwynns Falls St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Antonia Blaha

DATE OF BIRTH (month, day, year) Jan 28-1865

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	8	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Czecho Slovakia

13. NAME OF FATHER Thomas Blaha

14. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

15. MAIDEN NAME OF MOTHER Anna Jilek

16. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

INFORMANT Mrs. Antonia Blaha

(Address) 1710 Gwynns Falls St

BURIAL, CREMATION, OR REMOVAL

Place Carlwood Date Oct. 6-37

UNDERTAKER H. Leopard Sons

(Address) Rose & Pennsylvania Ave

FILED Oct 7 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. ..., 1934 to October 5, 1937

I last saw him alive on October 5, 1937. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerotic Cardiovasc. dis.	
Cerebral Hemmorrhage	10/5/37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify .....

(Signed) David Lucas, M. D.

10/7/37 (Address) 101 W. Read St.

9746 E 39246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 Madison Ave 4 Ward) 3

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Clinton Brawner

(a) Residence: No. 1815 Madisen Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Brawner

DATE OF BIRTH (month, day, year) Dec 1895

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	10	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Atlanta Ga

13. NAME Andrew J Brawner

14. BIRTHPLACE (city or town) (State or country) Ga

15. MAIDEN NAME Elizabeth Walker

16. BIRTHPLACE (city or town) (State or country) Okla.

17. INFORMANT Mrs Ethel Brawner

(Address) 1815 Madisen Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Oct 10/8 1937

19. UNDERTAKER Charles Alexander

(Address) 200 N Eutaw St

1937

Registrar Huntington Williams, M.D.

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and Inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	Oct 2 1937
Chronic Myocarditis	Jan 1 1937

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 2 1937

Where did injury occur? Home 1815 Madisen Ave 2nd floor

(Specify city or town and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell out 2nd story window

Nature of injury Scalp - Was sutured

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George D Cullen M. D.

Coroner

(Address) 501 Courthouse

9747 E 39747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Looman's Hospital St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bessie Trott Ballinger (Mrs.) If U.S. Veteran specify WAR ...

(a) Residence: No. R3D. #6. Westminster, Md St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Wesley Ballinger

DATE OF BIRTH (month, day, year) May 31, 1907

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	4	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Warner Trott

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Edith E. Parrish

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT (Address) Wesley Ballinger Westminster Md

BURIAL, CREMATION, OR REMOVAL Carroll County

Place Deer Park Cem. Date Oct. 10 1937

UNDERTAKER (Address) J. Francis Reese Westminster, Md.

FILED Huntington Williams, M.D. 1937 10/4

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1937 to October 7, 1937

I last saw her alive on Oct. 7 1937 Death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis, Generalized	9-28-37
Bronchopneumonia, Bilateral	10-6-37
Other contributory causes of importance: Acute Intestinal Obstruction	10-2-37
Endometrial Cyst, Ovary, Bilateral (39-25-37)	

Was an operation performed? Yes (?) Date (10-4-37)

For what disease or injury? (1) Endometrial cyst ovaries, bilateral, infected (2) Acute intestinal obstruction

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. P. Sellers, M. D.

(Address) Woman's Hosp.

E 39748

39748 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X/25-B

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD. 12-1

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Larry Daugherty

(a) Residence: No. ..... St., ... Ward. Crisfield, Maryland.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lula Daugherty

6. DATE OF BIRTH (month, day, year) March 9, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	6	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fisherman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 8-~-37

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Somerset Co., Md.

13. NAME George Daugherty

14. BIRTHPLACE (city or town) (State or country) Somerset Co., Md.

15. MAIDEN NAME Ollie Daugherty

16. BIRTHPLACE (city or town) (State or country) Somerset Co., Md.

17. INFORMANT (Address) Records- U.S. Marine Hospital, Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL. Place CRISFIELD CEMETERY CRISFIELD, MD Date Oct 8 1937

19. UNDERTAKER (Address) J. S. LAWSON & SON Crisfield, Md

20. FILED 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 4, 1937, to October 7, 1937.

I last saw h...im alive on October 7, 1937. Death is said to have occurred on the date stated above, at 12:20 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hepatitis, chronic	Mar. 1937
Cholangitis, chronic, suppurative	"

Other contributory causes of importance:

Was an operation performed? Yes Date of 9-10-37

For what disease or injury? Cholangitis.

Name of operation Exploratory laparatomy, Cholelithotomy, Choledocholilothotomy

What test confirmed diagnosis? P. M. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) J. M. Anderson, M. D.

(Address) U. S. Marine Hospital, Balto. Md.

Ilai N. Harward

E 39749

HEALTH DEPARTMENT—CITY OF BALTIMORE

39749

CERTIFICATE OF DEATH

8-7131

Registered No.

1. PLACE OF DEATH Maryland Gen'l Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mr. Ilai N Harward

(a) Residence: No. 1744 E. Preston St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If ~~married~~ widowed, ~~or divorced~~ HUSBAND of (~~or WIFE of~~) Mary H. Harward

DATE OF BIRTH (month, day, year) Aug 15, 1865

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Pntr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electrician

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation 20

BIRTHPLACE (city or town) (State or country) N.C.

13. NAME Mr. Ilai Harward

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) N.C.

INFORMANT Wm N. Harward

(Address) 3909 Pinkney Rd

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Oct 9th 1937

UNDERTAKER Wm Cook

(Address) 1217 St Paul st

FILED 10-8-1937 Irvington Irvington, N.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-6-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-9-37, 19..., to 10-6-37, 19...

I last saw h[illegible] alive on 10-6-37 19... Death is said to have occurred on the date stated above, at 1.40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Uremia	
(2) Subarachnoid Hemorrhage	Unk
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Feldman M. D.

(Address) J. Maryland Gen'l Hosp.

39750 E 39750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10/146-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Moffet

If U. S. Veteran specify WAR No Record

(a) Residence: No. Love Valley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Linda Foley

DATE OF BIRTH (month, day, year) 17 Sept 1864

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	0	20	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation x

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Robert Moffet

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Anne Richard

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md

INFORMANT Sister Stanislaus

(Address) Govans Love Valley St

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Oct 9th, 1937

UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

FILED , 19

8-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1937 to Oct 7, 1937

I last saw him alive on Oct 4, 1937. Death is said to have occurred on the date stated above, at 2:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Intestines	?
Other contributory causes of importance:	
Asthenia	?
Bronchopneumonia	10/5

Was an operation performed? No Date of

For what disease or injury?

Name of operation Phys

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

sec.—2-29-28—L. F. S.—500 Bks.

39751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 F 39751

21-2

REGISTERED NO.

1—PLACE OF DEATH
CITY OF BALTIMORE: (No. Franklin Sq. Hosp. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.) No Record

2—FULL NAME Evelyn V Cromblitt

(a) RESIDENCE NO. 907 McHenry ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Aug 20th 1937

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ~~None~~ Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Md.

10 NAME OF FATHER: Harry C. Cramblitt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Elizabeth Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

Informant: Elizabeth Cramblitt
(Address): 907 Mc Henry st

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 7, 1937

17 I HEREBY CERTIFY, That I attended deceased from Oct 2, 1937, to Oct 7, 1937,
that I last saw her alive on Oct 7, 1937
and that death occurred, on the date stated above, at 11:5 A m.

The CAUSE OF DEATH* was as follows:
Diarrhea, fermentation
Pyuria

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? none

(Signed) J. J. Battaglia, M. D.
, 19 (Address) Franklin Sq Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet

DATE OF BURIAL: 10/9/1937

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

39752 F 3.3752

HEALTH DEPARTMENT—CITY OF BALTIMORE #27138

CERTIFICATE OF DEATH

12-7 82-a SF

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., life Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME Margaret Schriefer

(a) Residence: No. 2826 Huntington Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of George Schriefer

6. DATE OF BIRTH (month, day, year) 6/9/1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46	46	3	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Schrier

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Henrietta Glatzell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date Oct 9th 1937

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/6/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from October 1 . 1937, to October 6 . 1937

I last saw her alive on October 6 . 1937. Death is said to have occurred on the date stated above, at 9.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-3-37
Other contributory causes of importance: Cerebral Hemorrhage	9-26-37

Was an operation performed? Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lawtte M. D.

(Address) Baltimore City Hospitals

E 39753

39753 HEALTH DEPARTMENT—CITY OF BALTIMORE

24388 RHW

CERTIFICATE OF DEATH

22-1 47-B

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Smith

(a) Residence: No. 317 Sharp St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/22/1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd Jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto.
(State or country) Md.

13. NAME John Smith

14. BIRTHPLACE (city or town) unknown
(State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown
(State or country)

INFORMANT hospital records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct. 9, 1937

UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St.

FILED 19 Registrar

10-8-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1937, to October 5, 1937.

I last saw him alive on October 5, 1937. Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	[illegible]

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. De Lautalle M. D.

(Address) Baltimore City Hospitals

H. D. B 1268-9

F 39754

39754 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 8-494-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Fidelity Building St., Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME HARRY C. MUELLER

(a) Residence: No. 2327 East Federal Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6. If married, widowed, or divorced HUSBAND of (or WIFE of) Theresa Mueller

DATE OF BIRTH (month, day, year) Oct. 24, 1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superintendent-Health Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Culture

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Godfood Mueller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Theresa Mueller

(Address) 2327 East Federal St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date Oct. 9, 1937

19. UNDERTAKER Chas. H. Enos & Son

(Address) 118 W. Mt. Royal Ave

FILED 8-1937 Harrington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10-6-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Samuel Block Coroner, M. D.

(Address) 1331 E. North Ave

F 39755

39755 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 19-482-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 S. Bruce St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard B. Vaughan

If U. S. Veteran specify WAR

(a) Residence: No. 224 S. Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced
HUSBAND of (or) WIFE: Mary A. Vaughan

DATE OF BIRTH (month, day, year): Aug. 19-1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	1	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Wood Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 10 years ago

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Richmond Va

13. NAME OF FATHER: John Vaughan

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME OF MOTHER: Rosa Gill

16. BIRTHPLACE (city or town) (State or country): Va

INFORMANT: Mrs. Mary A. Vaughan

(Address) 224 S. Bruce St.

BURIAL, CREMATION, OR REMOVAL

Place: Western Cem. Date: Oct. 9, 1937

UNDERTAKER: Geo. L. Beyer Jr.

(Address) 512 Collins St.

Huntingtown, Williamsburg, Va.

FILED: Oct 9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 1937 to Oct 7 1937

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 3:25P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/4/37
Other contributory causes of importance: Hypertension	
Arteriosclerosis	1934

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so,

(Signed) Raymond Dixon M. D.

1 Mayo Ave Balto Md

1937

39756 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39756

CERTIFICATE OF DEATH

15-9 80

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4014 Bateman Ave. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick J.Boerner,
If U. S. Veteran specify WAR

(a) Residence: No. 4014 Bateman Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) December 6.1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month, day, year) Oct 2 1937
11. Total time (years) spent in this occupation 37 yrs

BIRTHPLACE (city or town) (State or country) Baltimore Md.
13. NAME Gottleib E.Boerner,
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Anna D.Strubbe,
16. BIRTHPLACE (city or town) (State or country) Germany
INFORMANT Casper G.Boerner,
(Address) 4014 Bateman Ave.
BURIAL, CREMATION, OR REMOVAL OCT 9 1937
Place Loudon Park Date 19
UNDERTAKER Geo W. Little
(Address) 2700 Edmondson Ave.
FILED 19 Registrar
10-9-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 7 1937

22. I HEREBY CERTIFY, That I attended deceased from October 4, 1937, to October 7, 1937.
I last saw h[illegible] alive on October 2, 1937. Death is said to have occurred on the date stated above, at 11:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy with Effusion	[illegible] 1937
Heart failure	Oct 6 1937
Other contributory causes of importance:	
Eczema atopic	about 10 years

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Maurice L. Shamer M. D.
(Address) 3300 W. Fourth

39757

F 39757

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4-2157-B

1. PLACE OF DEATH University Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Francis U. Baker

(a) Residence: No. Laurel Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2.		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Laurel Md

13. NAME Albert Baker

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Linda Perzini

16. BIRTHPLACE (city or town) (State or country) Laurel Md

INFORMANT (Address) Albert Baker Laurel Md

BURIAL, CREMATION, OR REMOVAL
Place Laurel Md Date Oct 9 1937

UNDERTAKER (Address) Floyd Hasier Laurel Md

FILED ..... 19 .....

Oct. 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/7 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5th . 1937 to Oct 7 . 1937

I last saw her alive on Oct 7 . 1937 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spina Bifida + Meningocele	
Staphylococcus Meningitis	Oct 3rd

Other contributory causes of importance:

Was an operation performed? Yes. Date of 9/25/37

For what disease or injury? SPINA BIFIDA + Meningocele

What test confirmed diagnosis? Operation Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Henry L. Ridgely M. D.

(Address) University Hospital

F 39758

39758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Mem. Hospital Registered No. 204-M

CITY OF BALTIMORE: (No. ..... St., 8 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Stutz

(a) Residence: No 3136 Eastmore Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Mary Ellen

7. DATE OF BIRTH (month, day, year) Dec 16-876

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Adam Stutz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Wight

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Matilda Eberdorf

(Address) 3116 Eastmoreave

18. BURIAL, CREMATION OR REMOVAL Western Cem. Oct 11-1937

19. UNDERTAKER Jos J Stein Son

(Address) 1520 N Fulton ave

20. FILED OCT 8 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry, find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	10/5/37
Fractured Ribs (2)	
(Lung punctured)	
Other contributory causes of importance: Traumatic Pneumonia	10/7/37

Was an operation performed? First aid only Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide or homicide~~? Date of injury 10/5 1937

Where did injury occur? Fall Road.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Struck by street car

Manner of injury Fracture of Skull

Nature of injury Fracture of 10 ribs

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John J Evans, M. D.

(Address) Coroner

39759 HEALTH DEPARTMENT—CITY OF BALTIMORE 39759

CERTIFICATE OF DEATH

87-a cc

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 1577
CITY OF BALTIMORE: (No. Bay View St., 7 & 8 Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 69 yrs. 7 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Ida Worsberger
(a) Residence: No. 850 W. Baltimore St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Worsberger

7. DATE OF BIRTH (month, day, year) Feb. 10, 1868

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	7	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME David Gorsuch
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Morris Worsberger (Address) 850 W. Balto. St.

18. BURIAL, CREMATION, OR REMOVAL Place London Pk. Date 10/9/1937

19. UNDERTAKER Chas. J. Conaway & Son (Address) 1201 W. Baltimore St.

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid hemorrhage	1 Week
Other contributory causes of importance: Obesity	Yrs.
Arterio-sclerosis General	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

Huntington Ridiculous, L.

F 39760

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39760

CERTIFICATE OF DEATH

46-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital -) St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Samuel T. Oliver

(a) Residence: No. 824 S. Elwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen M. Oliver

DATE OF BIRTH (month, day, year) Oct 6 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	0	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 11 30

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Hunter Oliver

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Annie Hanna

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Helen M. Oliver (Wife)

(Address) 824 S Elwood ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Oct 11 1937

19. UNDERTAKER Lilly Zeiler & Co

(Address) 403 So Howard St Baltimore, Md.

20. FILED OCT 8 - 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 1937 to Oct 6 1937

I last saw him alive on Oct 6 1937. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Intestinal Tract	?
Generalized Carcinomatosis	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Sept 22

For what disease or injury? Carcinoma of Intestinal Tract

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert E. Redman M. D.

(Address) St Josephs Hospital

39761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓46-D F 39761

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 N ROBINSON ST St., 6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME WILLIAM E MITZEL

If U. S. Veteran specify WAR

(a) Residence: No. 407 N ROBINSON ST St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

3. If married, widowed, or divorced
HUSBAND of (or) WIFE of the late MAMIE MITZEL

DATE OF BIRTH (month, day, year) SEPT 6 1859

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	1	1	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.R.R

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) PENNSYLVANIA

13. NAME GEORGE MITZEL

14. BIRTHPLACE (city or town) (State or country) PENNSYLVANIA

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) PENNSYLVANIA

INFORMANT MISS CLARA KIRTSCHER (DAUGHTER)

(Address) 407 N ROBINSON ST

BURIAL, CREMATION, OR REMOVAL

Place BALTO CEM Date OCT 11 19 37

UNDERTAKER Lilly & Zeiler Inc

(Address) 403 So Wolfe St

FILED ... Registrar.

OCT 8 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 7 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1 1937 to Oct 7 1937

I last saw ... alive on Oct 7 1937. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Acute	5/1/37
Other contributory causes of importance: Chron. Valvular Heart Trouble	6/1/37

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) William J Rylander M. D.

(Address) 801 W Lenwood St

39762 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

148 F 39762

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 335 S. Monroe St. 19-4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Carey If U. S. Veteran specify WAR

(a) Residence: No. 335 S. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank Carey

DATE OF BIRTH (month, day, year) Jan. 9, 1892.

AGE Years	Months	Days	If LESS than 1 day, hrs. or mln.
45	8	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Martin Stahlman

14. BIRTHPLACE (city or town)
(State or country) Germany

15. MAIDEN NAME Elizabeth Denhardt

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

INFORMANT Mrs. Charles Miller) Sister
(Address) 1857 Ramsay St.

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Oct. 8/37, 19

UNDERTAKER Harry A. Butler & Co.
(Address) 101 Edmondson Ave.

FILED 10-8-1937 Huntington Williamson, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1937 to Oct. 6, 1937

I last saw her alive on Oct. 6, 1937 Death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix	3 yrs. ago
	ago
Other contributory causes of importance: Bronchopneumonia	1 day ago

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Benjamin Miller, M. D.
(Address) 2030 Whitelock Ave.

39763

HEALTH DEPARTMENT—CITY OF BALTIMORE

39763

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 N Bond St. 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nancy Queen

(a) Residence: No. 412 N Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) May 3 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	5	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Anne Arundel
(State or country) Md.

13. NAME Charles Queen

14. BIRTHPLACE (city or town) Anne Arundel
(State or country) Md

15. MAIDEN NAME Nancy Murray

16. BIRTHPLACE (city or town)
(State or country) Md

17. INFORMANT Mrs Daisy Wright

(Address) 412 N Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Jones Station Cem Date Oct 6 1937

19. UNDERTAKER Walter B. Sprigg

(Address) 1301 Hamilton St

Filed 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said [illegible] and that said deceased came
(Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Oct 3 1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? none

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George L. Allen M. D.

(Address) 50 Calvert St

Inmate #24 F 39764

3764 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 183

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Pier 4 Pratt St. St., 4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

2. FULL NAME John Doe

(a) Residence: No. Not Known St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Not Known

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Not Known

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
About 45	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Not Known
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Not Known

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country):

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Central District Police Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: PUBLIC CEMETERY Date: OCT 8 - 1937

19. UNDERTAKER
(Address)

20. FILED ... 19... Registrar.
Commissioner of Health
Per H. S. Moore

OCT 8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation ... Date of

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident? Date of injury ... 19... not known
Where did injury occur? Baltimore, Md
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public Pier
Manner of injury Drowning
Nature of injury Asphyxiation

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Booth, M. D. Coroner
(Address) 1331 E. North Ave

M. D. B. 1268-8

F 39765

39765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 841 Forest St., 10-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maurice J Moylan

(a) Residence: No. 841 Forest St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M Stanley

DATE OF BIRTH (month, day, year) June 1874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Maurice Moylan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary Moylan

(Address) 841 Forest St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Oct 9 1937

19. UNDERTAKER Rita Medefind

(Address) 914 Eutaw Place

FILED 1937 Hilton Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1937 to Oct 6 1937

I last saw him alive on Oct 3, 1937 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Arthritis	
Myocarditis - Chronic	
passive hyperemia	
Heart Block	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) E J Kirby M. D.

(Address) 110 E North Ave

9766 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 39766

CERTIFICATE OF DEATH

94-B

9-8

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1024 E. North Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Charles J. Gammie

(a) Residence: No. 1024 E. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Sadie E. Ward

DATE OF BIRTH (month, day, year) Nov. 30, 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	10	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vault Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Safe Deposit & Trust

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME George Gammie

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Ellen M. Nash

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Mr. Geo. Gammie
(Address) 1024 E. North Ave

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Oct. 9, 1937

UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave.

FILED 10-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937 to Oct 6, 1937

I last saw h alive on Oct 6, 1937 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10/1/37
Other contributory causes of importance:	
Cerebral Hemorrhage	
Hypertension	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury, 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry [illegible] M. D.

(Address) [illegible]

39767 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39767

CERTIFICATE OF DEATH √ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 Brentwood Ave St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas J. Power

(a) Residence: No. 1002 Brentwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Emily Alton

DATE OF BIRTH (month, day, year) Nov. 22, 1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	10	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Nicholas Power

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Elizabeth Canty

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs. Thos Power

(Address) 1002 Brentwood Ave

BURIAL, CREMATION, OR REMOVAL

Place St. Peters Date Oct. 9, 1937

UNDERTAKER Rita Wiedefeld

(Address) 914 Greenmount Ave

FILED 1937 Hamilton Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 17 1937 to Oct 6 1937

I last saw him alive on Oct 4 1937. Death is said to have occurred on the date stated above, at 2.30 p. m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Chr Cysto-Nephritis with decompensation.	?
Arterio sclerosis	?
Other contributory causes of importance: Chr. Interstit Nephritis	?

No

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Dan'l Draught, M. D.

(Address) 10 E. Biddle St

39768 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 39768

CERTIFICATE OF DEATH

82-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 W. University Parkway Ward) 1 2 7 1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary C. Barrett

If U.S Veteran specify WAR ....

(a) Residence: No. 114 W. University Parkway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of **********

DATE OF BIRTH (month, day, year) **********

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 77		?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Luke Z. Barrett

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Isabella G. McLennan

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Miss Agnes G. Barrett

(Address) 114 W. University P'way.

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date 10/9/37

UNDERTAKER Hobbs & Son

(Address) 805 N. Calvert St.

FILED 10-12-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1937 to Oct 7 1937

I last saw her alive on Oct 7 1937. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Right side Hemiplegia — Date of onset

Other contributory causes of importance:

Senility.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) William F. Queen M. D.

(Address) Med. Arts Bldg.

39769 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 39769

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1606 Cliftview Ave. St., 8-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary E. Thompson

(a) Residence: No. 1606 Cliftview Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of late Joseph W. Thompson

DATE OF BIRTH (month, day, year) Dec. 8, 1875.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	9	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Balto.
(State or country) Md.

13. NAME Samuel R. Watkins

14. BIRTHPLACE (city or town) Balto.
(State or country) Md.

15. MAIDEN NAME Anna L. Caskey

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

INFORMANT Mrs. Walter R. Freeman,
(Address) 1608 Cliftview Ave.

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 10/9/37 19

UNDERTAKER Harry H. Lutzke
(Address) 1701 Edmondson Ave.

FILED 19 (Registrar)

10 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1937, to Oct 6 1937.

I last saw her alive on Oct 2, 1937. Death is said to have occurred on the date stated above, at 1:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Oct 6

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Paul Titus M. D.

(Address) 121 Light St.

F 39770

HEALTH DEPARTMENT—CITY OF BALTIMORE

39770

CERTIFICATE OF DEATH

94-B

27-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6303 CLEARSPRING Rd. Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. — mos. — ds. How long in U. S. If of foreign birth? 13 yrs. — mos. — ds.

If U. S. Veteran specify WAR

2. FULL NAME PRINCE IVAN ENGALITCHEFF

(a) Residence: No. 6303 CLEAR SPRING RD. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

3. If married, widowed, or divorced
HUSBAND of (or) ~~Wife of~~ PRINCESS BARBARA ENGALITCHEFF

DATE OF BIRTH (month, day, year) 1864 APRIL 12

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	6	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Artist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1900

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) MOSCOW RUSSIA.

13. NAME PRINCE ALEXANDER ENGALITCHEFF

14. BIRTHPLACE (city or town) (State or country) RUSSIA.

15. MAIDEN NAME MARY MAKAROFF

16. BIRTHPLACE (city or town) (State or country) RUSSIA

17. INFORMANT JOHN ENGALITCHEFF JR.
(Address) 5220 RADNOR AVE

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Memorial Park Date Oct 9 1937

19. UNDERTAKER Henry H. Fontaine & Son Co
(Address) 3 E. Preston & Cathedral Sts.

20. FILED Oct 11 1937 Wilkinson Hite Registrar.

1937

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-7, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-4, 1937 to 10-7, 1937

I last saw h.. alive on 10-6, 1937. Death is said to have occurred on the date stated above, at 4 — A.m.

The principal cause of death and related causes of importance were as follows:

CORONARY THROMBOSIS — Date of onset 10-4-37

Other contributory causes of importance:

Was an operation performed? No — Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John H. Dorsey, M. D.

(Address) 1129 St. Paul St

E 39771

39771 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

131

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 319 N. Ellwood ave St., 6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Alexander King

(a) Residence: No. 319 N. Ellwood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 12 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Leather Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 40 yrs

BIRTHPLACE (city or town) (State or country) City

13. NAME Michael King

14. BIRTHPLACE (city or town) (State or country) City

15. MAIDEN NAME Mary McBurnie

16. BIRTHPLACE (city or town) (State or country) Ire.

INFORMANT Jennie McBurnie
(Address) 319 N. Ellwood ave

BURIAL, CREMATION, OR REMOVAL Date Oct. 9, 37

UNDERTAKER John A. Magan
(Address) 3000 E. Balto St.

FILED ..... 19 ..... Registrar.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/6/37

22. I HEREBY CERTIFY, That I attended deceased from September, 1936, to October 6, 1937.
I last saw him alive on October 5, 1937. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial Nephritis	
Other contributory causes of importance: Uraemia	9/8/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Asher P. Schwartz M. D.
(Address) 1939 N. Charles St

E 39772

39772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 27-10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4312 Old York Rd St., 27 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Wolf

(a) Residence: No. 4312 Old York Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | 4. Color or Race: W | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Wolf

DATE OF BIRTH (month, day, year): Aug. 3-1847

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Florist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Germany

13. NAME: don't know

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: don't know

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: J. A. Mogan
(Address) 4312 York Rd

BURIAL, CREMATION, OR REMOVAL: Interment
Place: Pimlico Date: 10/9 1937

UNDERTAKER: J. A. Mogan
(Address) 4312 York Rd

FILED 10-9 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 15 1937 to Oct. 6 1937

I last saw him alive on Oct. 2 1937 Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Cardio Vascular Degeneration Duration 1 yr.	10-4-37
Bronchial Pneumonia.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

Signed) Louis L. Llewellyn M. D.

(Address) 3711 Falls Road

39773 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39773

146-F

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland Gen. Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11-13 Ward) Registered No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Howard Shultz If U. S. Veteran specify WAR .....

(a) Residence: No. Forest Hill, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Sallie A. —

DATE OF BIRTH (month, day, year) July 21, 1866

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	2	1817	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Insurance Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Trackman

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Shultz

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Wells

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Grandson

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Centre Cem. Forest Hill Md. Date Oct 10 '37

UNDERTAKER E. Gruber Son

(Address) Forest Ville Md

FILED ..... 19 ..... Registrar

10 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-8-37

22. I HEREBY CERTIFY, That I attended deceased from 10-2-37 to 10-8-37

I last saw him alive on 10-8-37. Death is said to have occurred on the date stated above, at 8 55 A.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Pancreas — Date of onset .....
Acute Cholecystitis — Date of onset .....

Other contributory causes of importance: Date of onset .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) A. L. Edwards M. D.

(Address) Md. Gen'l. Hosp.

C. P. Lawson Md. Gen'l. Hosp.

F 39774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1/33

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 2400 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Sophie Young

(a) Residence: No. 2116 Ramsey St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Paul Young

DATE OF BIRTH (month, day, year) 4-9-95

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	4	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) May 1937

11. Total time (years) spent in this occupation 20

BIRTHPLACE (city or town) (State or country) Hungary

13. NAME John Lang

14. BIRTHPLACE (city or town) (State or country) Hungary

15. MAIDEN NAME Madeline Roff

16. BIRTHPLACE (city or town) (State or country) Hungary

INFORMANT Paul Young

(Address) 2116 Ramsey St

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 11th 1937

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 1937 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/7/1937

22. I HEREBY CERTIFY, That I attended deceased from 8/27/37, 19..., to 10/7/37, 1937

I last saw h.. alive on 10/7/37, 19... Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gen Edema, Nephritis	10-4-37
Heart failure	

Other contributory causes of importance:

Rheumatic fever

Pneumonia & Influenza

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Bernard Lidman M. D.

(Address) Sinai Hospital

B 39775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

147-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Edgewood Sanatorium St., 27-11 Ward)

Length of residence in city or town where death occurred 23c yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR No Record

2. FULL NAME Elizabeth J. Lloyd

(a) Residence: No. 321 Forster Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas H. Lloyd

DATE OF BIRTH (month, day, year) 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Royal Oak Md

13. NAME Philip Easterfield

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Rebecca Ch

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mrs Wm Chittenden

(Address) 822 Bonaparte St

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 10/9/37

UNDERTAKER Wm Cook & Son

(Address) 1217 E Fond St

FILED 10/9 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937, to Oct 7, 1937

I last saw her alive on Oct 5, 1937 Death is said to have occurred on the date stated above, at 6 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the lung	2

Other contributory causes of importance: None

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H H Pearce M. D.

(Address) 2106 Eutaw St

39776 F 39776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1808 Guilford Ave St. 12 Ward) 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edith E. Sheaks

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1808 Guilford Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) July 17, 1921

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	2	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Canton Ohio

13. NAME Edith E. Sheaks

14. BIRTHPLACE (city or town) (State or country) Mayo Ohio

15. MAIDEN NAME Edith E. Schroeder

16. BIRTHPLACE (city or town) (State or country) Marinette Wisconsin

INFORMANT Roy S. Sheaks

(Address) 911 Beaumont Ave

BURIAL, CREMATION, OR REMOVAL Place Rowland Park Date 10/11/37

UNDERTAKER The Cook & Powell

(Address) 1219 E. Pratt St.

FILED ..... 19 ..... Registrar.

10 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9.11.37 to 10/7 1937

I last saw ET alive on 10/7 1937 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	1935
Myocardial Failure	10.4.37

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

What test confirmed diagnosis? PE Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph S. Blum M. D.

(Address) 1206 E. Preston St.

39777 **HEALTH DEPARTMENT—CITY OF BALTIMORE** File F 39777

CERTIFICATE OF DEATH 173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 554 N. Bauer St., 22nd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Schmuth

If U. S. Veteran specify WAR

(a) Residence: No. 554 N. Bauer St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) Oct 29 1893 Russia

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Hyman Schmuth

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Betta Demb

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Paul H. Schmuth

(Address) 901 Bennett Place

18. BURIAL, CREMATION, OR REMOVAL

Place Carel Date 10/8, 1937

19. UNDERTAKER Buck Levin Co

(Address) 1039 E. Baltimore St

8130 Oct 19 37 Washington Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Autopsy & Inquest thereon and from the evidence obtained by said Autopsy & Inquest find that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot wound of Head	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Suicide Date Oct 8, 1937.

Where did injury occur? 554 N. Bauer (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place (Store)

Manner of injury Shot with Pistol

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Shot when attempting to hold up Store

(Signed) H. H. Kerr M. D. Coroner

(Address) 2767 N. Howard

F 39778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 2 E-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 35 yrs. ..... mos. ..... ds.

2. FULL NAME Flora Hettleman

If U. S. Veteran specify WAR .....

(a) Residence: No. 4502 Fernhill ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sewing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Russia

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Minnie Schiener

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL Woodlawn Mem. Pk. Date 10/8/37 19

UNDERTAKER Jos. Sauer Inc.
(Address) 1432 E. Balto St.

FILED 10-1937 19 Washington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1937 to Oct 8, 1937

I last saw her alive on Oct 8, 1937 Death is said to have occurred on the date stated above, at 2.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchogenic carcinoma Left Lung	
Multiple Skin metastases	indef.
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Biopsy Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. A. Brennan, M. D.

(Address) Johns Hopkins Hosp

9779 F 39779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 47-B

1. PLACE OF DEATH University Hospital Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME DR-HENRY N. KING

(a) Residence: No. MC Bee - S. Carolina St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Chandler

DATE OF BIRTH (month, day, year) 1888 —

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. M. D. Eye Diseases

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) S. C.

13. NAME Richard King

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Louisa Brown

16. BIRTHPLACE (city or town) (State or country) S. C.

INFORMANT Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place MC Bee, S C. Date 10-11 1937

UNDERTAKER John D Mitchell
(Address) 1900 Eutaw Pl

FILED 1937 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-7-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 6-27-37 . 19 . to 10-7-37 . 19

I last saw him alive on 10-7-37 . 19 . Death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows: (Date of onset)

SQUAMOUS CELL CARCINOMA Right LUNG

Other contributory causes of importance:

PULMONARY HEMORRHAGE

Was an operation performed? Yes Date of 8-3-37

For what disease or injury? Bronchoscopic diagnosis

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Kennedy Walker M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39780

53-C

Registered No. .....

1. PLACE OF DEATH Johns Hopkins Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jacob Brehlman

(a) Residence: No. 1201 Shakespeare Ave St., ... Ward.
(Usual place of abode) New York City (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Regina

DATE OF BIRTH (month, day, year) Feb. 1st. 79

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Austria

13. NAME Feodor Brehlman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Anna Rosenblatt

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT

(Address) Johns Hopkins Hospital

BURIAL, CREMATION, OR REMOVAL

Date 10-8 1937

UNDERTAKER Geck Lamb Inc

(Address) 1437 E. Baltimore St

FILED 10-11 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 6th, 1937 to Oct 8, 1937

I last saw him alive on Oct 8th, 1937 Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor	over
Other contributory causes of importance:	

Was an operation performed? yes Date of Oct. 7, 1937

For what disease or injury? Brain Tumor

Name of operation Left craniotomy

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James Monroe Hayes M. D.

(Address) Johns Hopkins Hosp. Baltimore, Md.

- 1937

F 39781

39781 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

97-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 634 N. Washington St., 2 Ward 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clement Mommouier

If U.S. Veteran specify WAR ...

(a) Residence: No. 634 N Washington St., Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Apr. 23 1848

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
89	5	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John Mommouier

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

INFORMANT Mollie E. Webster

(Address) 634 N Washington

BURIAL, CREMATION, OR REMOVAL

Place Wdlyndale Date Oct 9 1937

UNDERTAKER Jos M. Frank Son

(Address) 211 N Eutaw St

FILED ... 19... Registrar

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 7 1937

22. I HEREBY CERTIFY, That I attended deceased from February 1926 to Oct 7th 1937

I last saw h alive on October 7 1937 Death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endo-myocarditis	about

Other contributory causes of importance:

General Arteriosclerosis

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Francis Ayd M. D.

(Address) 2006 E. Monument St.

F 39782

39782 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 164

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3 Elmwood Rd St. 27-13 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 9 mos. 14 ds. How long in U. S. If of foreign birth 52 yrs. 9 mos. 14 ds.

2. FULL NAME Samuel Staley Tregellas If U. S. Veteran specify WAR (Red Cross Volunteer)

(a) Residence: No. 13 Elmwood Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Helen Anne Tregellas

7. DATE OF BIRTH (month, day, year): Dec. 23-1884

8. AGE: Years 52 | Months 9 | Days 14 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Real Estate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Real Estate
10. Date deceased last worked at this occupation (month and year): August 1937
11. Total time (years) spent in this occupation: 10 yrs

12. BIRTHPLACE (city or town) (State or country): Balto. Maryland

13. NAME: Samuel Tregellas
14. BIRTHPLACE (city or town) (State or country): Balto. Md.
15. MAIDEN NAME: Leonora P. Smyth
16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT (Address): Mrs S.S. Tregellas (wife) 13 Elmwood Roads.

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Date: Aug-9-1937

19. UNDERTAKER (Address): Stewart Mowen Co. 108 Mount Ave.

20. FILED 1937 Huntington Williams, Registrar

s 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/7/1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
From Monoxide Gas	8/7/37
From automobile	
	3 mo

Other contributory causes of importance: Hardening of arteries and chronic nephritis

Was an operation performed? — Date of
For what disease or injury?
Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A Crane, M. D. Coroner
(Address) Cockeysville

F 39783

7837 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

59

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Wyman Park Apts. St. 123-7 Ward

Length of residence in city or town where death occurred 70 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth 74 yrs. 9 mos. 5 ds.

If U. S. Veteran specify WAR NONE

2. FULL NAME Thomas Jefferson Wilson

(a) Residence: No. Wyman Park Apt. St., ... Ward. .....
(If non-resident give city or town and State)
(usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabelle C. Wilson

DATE OF BIRTH (month, day, year) Jan-1-1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	9	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

13. NAME OF FATHER Thos. J. Wilson

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

15. MAIDEN NAME OF MOTHER Mathilda Chappelle

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Mrs Isabelle C. Wilson (wife)
(Address) Wyman Park Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct-9-37

19. UNDERTAKER Elwood Mooney Co.
(Address) 108 W. Mt. Ave.

FILED 19 Registrar

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from March, 1937, to Oct. 6, 1937

I last saw him alive on Oct. 6, 1937. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia.	10/3/37
Hypertension	1925
Arteriosclerosis	?
Diabetes Mellitus	?

Other contributory causes of importance: none

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. S. Hutchenreuder, M. D.

(Address) 1014 St. Paul St.

E 39784

9784 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 27208 (MB) 107-a

Registered No. 25-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward

ngth of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

. FULL NAME George McCauley

(a) Residence: No. 1503 Elmtree St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie

DATE OF BIRTH (month, day, year) Apr. 12, 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	5	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Annapolis, Md.

12. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT B. C. n. Records
(Address)

BURIAL, CREMATION, OR REMOVAL Date 10 9 1937
Place Cathedral

UNDERTAKER Wilson & Scott
(Address) 1217 E. Fayette St

FILED 10-12-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 4, 1937, to October 7, 1937

I last saw him alive on October 7, 1937. Death is said to have occurred on the date stated above, at 6:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	10-5-37
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. de Santalle, M. D.

(Address) Baltimore City Hospitals

39785

HEALTH DEPARTMENT—CITY OF BALTIMORE

39785

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH St Agnes' Hospital / 25-1
CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Shinebarger,

(a) Residence: No. Quinn Mills Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Girl	White	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 10-5-37

AGE Years	Months	Days	If LESS than 1 day, 5 hrs. or 35 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME Charles Clayton Shinebarger

14. BIRTHPLACE (city or town) (State or country) No. Carolina

15. MAIDEN NAME Ethel M. Reter

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Charles C. Shinebarger
(Address) Quinn Mills Md

18. [illegible] Cancer Hospital Date Oct 9 1937
Place

19. UNDERTAKER J. Elmer Sons
(Address) Westminster Md.

20. FILED Oct 12 1937 [illegible] Registrar.

1937
8 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-5-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-5-1937 to 10-5-1937

I last saw her alive on 10-5-1937 Death is said to have occurred on the date stated above, at 7.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory Failure in Premature Infant	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. H. Parr M. D.

(Address) St Agnes Hospital

)786 HEALTH DEPARTMENT—CITY OF BALTIMORE #20591

F 39786

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 1-1 Ward) 31

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

2. FULL NAME John Robinette

(a) Residence: No. 1001 S. Robinson St. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Mayer

DATE OF BIRTH (month, day, year) 7/11/1884

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
53	53	2	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unk.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) West Virginia

12. NAME George Robinette

13. BIRTHPLACE (city or town) (State or country) W.Va.

14. MAIDEN NAME Anna ?

15. BIRTHPLACE (city or town) (State or country) W.va.

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Oct. 9 1937

UNDERTAKER Fred A. Graves Son

(Address) 216 N. Charles St.

FILED 8-1937 ...19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 25, 1937, to October 6, 1937

I last saw him alive on October 6, 1937. Death is said to have occurred on the date stated above, at 2.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-3-37
Other contributory causes of importance: Arteriosclerosis	unknown

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) W. G. de Lautelle, M. D.

(Address) Baltimore City Hospitals

39787

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39787

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1739 E. North ave St., 8 Ward) 5

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 56 yrs. ..... mos. ..... ds.

2. FULL NAME Louise Schoenhut

If U. S. Veteran specify WAR .....

(a) Residence: No. 1739 E. North ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Frederick Schoenhut

DATE OF BIRTH (month, day, year) Dec 2, 1850

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	10	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Germany

13. NAME William Jende

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lecin Rosenau

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Elizabeth Benning Niece

(Address) 1739 E. North ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Oct 9, 1937

UNDERTAKER Frank Ocock & Son

(Address) 1906 Eutaw pl

FILED Oct 12 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 3, 1937 to October 7, 1937

I last saw h[illegible] alive on Oct 7 1937. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis and nephritis	?

Other contributory causes of importance:

Senility

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) E. E. Nichols M. D.

(Address) Pikesville Md

- 1937

Dr. Nichols 1402 Reisterstown Rd.

E 39788

39788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hallie Campbell

If U. S. Veteran specify WAR

(a) Residence: No. 710 Gold St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

3. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster Co Va

13. NAME Kelley Campbell

14. BIRTHPLACE (city or town) (State or country) Lancaster Co Va

15. MAIDEN NAME Isabelle Campbell

16. BIRTHPLACE (city or town) (State or country) Lancaster Co Va

17. INFORMANT Grace Campbell

(Address) 710 Gold St

18. BURIAL, CREMATION, OR REMOVAL

Place Kilmarnock Va Date Oct 10 1937

19. UNDERTAKER George S. Nelson

(Address) 1303 Presstman St

FILED 19

Registrar

OCT 9 1937

Huntington Hillman, M.D.

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1937 to Oct 8, 1937

I last saw her alive on Oct 6, 1937. Death is said to have occurred on the date stated above, at 2:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis, chronic ulcerative.	10.8.32
Other contributory causes of importance: Pleurisy chronic	0.1.37

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James E. Carr, M. D.

(Address) 515 Mosher St

F 39789

9789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital S. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Florence Foster

(a) Residence: No. 225 S. Caroline St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Edward Foster

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Clara Foster

16. BIRTHPLACE (city or town) (State or country) Cambridge Md.

17. INFORMANT Edward Foster

(Address) 1509 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Oct 4 1937

19. UNDERTAKER E. Roy D. Wilson

(Address) 1000 Brantley ave Huntington Woodlawn, W. Va.

20. FILED Oct 4 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance:

Cerebral apoplexy

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Meeker M. D.

Coroner

(Address) 1914 E. North ave.

S 6

F 39790

39790 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Walter Hodges

(a) Residence: No. 210 Myrtle Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept 6, 1880

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	1	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portsmouth Va.

13. NAME Elliott Hodges

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Loveina Jones

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Lucile Sorrell

(Address) 1106 Sheilas Place

18. BURIAL, CREMATION, OR REMOVAL Crem Place Mt. Auburn Date Oct 11, 1937

19. UNDERTAKER A. Hoffmeister Halstead

(Address) 1 E. Lexington St

20. FILED 19 Registrar

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Chronic Interstitial	
Nephritis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. H. Allen M. D.

(Address) 2757 W. Lexington Ave Coroner

F 39791

39791 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

94B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 429 N. Rose St., 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William C. Brookes

(a) Residence: No. 429 N. Rose St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Brookes

6. DATE OF BIRTH (month, day, year) Mar 1 1892

7. AGE	Years	Months	Days	If LESS than 1 day.... hrs. or min.
	45	7	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lineman 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Electric Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Thomas Brookes

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Viola Brookes

(Address) 429 N. Rose St.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland PK Date Oct 11 1937

19. UNDERTAKER John Cellrich

(Address) Carrollton

20. FILED 19 ..... Registrar.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 7. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify.

(Signed) Paul Schumpert M. D.

Coroner

(Address) 1912 E. Fayette Ave.

F 39792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2113 Lake Montebello Ward) First

Length of residence in city or town where death occurred 67 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine Graham

(a) Residence: No. 2113 Lake Montebello St. First Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

If married, widowed or divorced
HUSBAND of (or) WIFE of Thos H Graham

DATE OF BIRTH (month, day and year) Sept 20. 1873

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	—	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Geo Heiss

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Caroline Luckhardt

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Thos H Graham

(Address) 2113 Lake Montebello First

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Oct 9 1937

UNDERTAKER John Ulrich

(Address) 200 E Preston

FILED 1937 Remarks: Funeral from Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1937, to Oct 5, 1937

I last saw h.. alive on Oct 5, 1937. Death is said to have occurred on the date stated above, at 3.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	about 4 yrs.
Carcinoma of Stomach	May 37.
Other contributory causes of importance: Acute Cardiac Failure	Oct 5/37.

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C H Mayer M. D.

(Address) 1520 E. 32 St

39793 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 39793

CERTIFICATE OF DEATH

Registered No. 26-2 ✓, 86-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lillie M. Jones

(a) Residence: No. 4701 Valley View Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fielder G. Jones

7. DATE OF BIRTH (month, day, year) April 19, 1873

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	5	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

13. NAME Partridge

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Margaret A. Bunnock

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Etta Whitney
(Address) 414 E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge Md. Date Oct 11. 1937

19. UNDERTAKER John O'Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED Oct 12 1937 19 Registrar. Washington for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8. 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came ... her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury Oct 8 1937

Where did injury occur? 4701 Valley View Ave. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Fell down steps

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1914 E. North Ave.

Ex Pinkerton - W 25th St

9794 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 29794

CERTIFICATE OF DEATH

11a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 271 W 31st St. St. 12-16 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William L. Brown

If U. S. Veteran specify WAR

(a) Residence: No. 271 W 31st St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie M. Brown

DATE OF BIRTH (month, day, year) June 25, 1884

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	3	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas + Electric Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

13. NAME Louise E. Brown

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Sarah E. High

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Maggie M. Brown

(Address) 271 W 31st St.

18. BURIAL, CREMATION, OR REMOVAL Loudenslager, Carroll Co Md Date Oct 11, 1937

19. UNDERTAKER Chenoweth Son

(Address) 3615-17 Chestnut Ave.

20. FILED Oct 12 1937 Registrar Huntington Williams M.D.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 1937 to Oct 8 1937

I last saw him alive on Oct 8 1937. Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct 1937
Other contributory causes of importance: La Grippe	Oct 1937

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Frankenfield M. D.

(Address) 117 W. 20th St

39795 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 39795

CERTIFICATE OF DEATH

93-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 540 N. Biddle St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Mamie Bivens

(a) Residence: No. 540 N. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Briscoe

DATE OF BIRTH (month, day, year) 9/7/1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	1	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) St. Marys Co Md

13. NAME Wm L. Fowler

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

15. MAIDEN NAME Lucy Bowles

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

INFORMANT (Address) Hall Fowler 1711 Presstman st

BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 10/9 1937

UNDERTAKER (Address) Williams & Jackson 9 E Penna ave

FILED Oct 9 1937 Huntington Mitchell, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 11 1937 to Oct 7 1937

I last saw h[illegible] alive on Oct 7 1937 Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	7
	1

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Sheatley M. D.

(Address) 1220 Linden ave

F 39796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 82B 771 JS

Registered No. 2351

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospt. St. ..... Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John Small

(a) Residence: No. 1230 S. Sharp St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Julia Small

DATE OF BIRTH (month, day, year) 5-17-1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	59	1	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) S. C.

13. NAME Jack

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Phyllis Nesbit

16. BIRTHPLACE (city or town) (State or country) N. C.

INFORMANT (Address) B. C. H. Records

BURIAL, CREMATION, OR REMOVAL
Place Ivy Auburn Date Oct 11 1937

UNDERTAKER Isaac L Brown Son
(Address) 1080 W Mary Emma St

FILED - 1937 Huntington W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 7. 1937

22. I HEREBY CERTIFY, That I attended deceased from October 5 1937 to October 7 1937

I last saw him alive on October 7 1937. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-5-37
Other contributory causes of importance: Cerebral thrombosis	10-1-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals.

HEALTH DEPARTMENT—CITY OF BALTIMORE

39797

CERTIFICATE OF DEATH

82-E 39797

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2018 Presstman St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Clara Rose Deller

(a) Residence: No. 2018 Presstman St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Charles P. Deller

DATE OF BIRTH (month, day, year) April 12, 1862.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	6	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Peter Slaughter

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

15. MAIDEN NAME Tull

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Mrs. Charles H. Lesue

(Address) 2018 Presstman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Oct 9, 1937

19. UNDERTAKER Harry A. Butler

(Address) 1500 Madison Ave.

20. FILED OCT 9 - 1937 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1937, to Oct 7, 1937.

I last saw her alive on Oct 7, 1937. Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Left side terminal	
Other contributory causes of importance:	
Renal Sclerosis	
Sclerosis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

Signed John L. Fratard, M. D.

(Address) 1219 Poplar Grove St.

Spec.—9-30—A. & Co.—250 Blks.

F 39798

F 39798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 559

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4200 Elsrode ave WARD) G-2

2. FULL NAME Mary F. Wicks

(a) RESIDENCE NO. 4200 Elsrode ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles N. Wicks

7 DATE OF BIRTH (month, day, and year): Aug. 8, 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Washington, D.C.

10 NAME OF FATHER: John Joseph Reilly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Frances Coleman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md

14 Informant (Address): Charles N. Wicks 4200 Elsrode ave

15 Filed OCT 9 - 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 7-1937

17 I HEREBY CERTIFY, That I attended deceased from Aug 15th, 1937, to Oct 7th, 1937, that I last saw her alive on Oct 4th, 1937, and that death occurred, on the date stated above, at 1:30 P. M.

The CAUSE OF DEATH was as follows:

Diabetes Mellitus

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory

(Signed) R. L. Gordy M. D.

1937 (Address) 5106 Hoyford Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Oct 11 1937

20 UNDERTAKER: Henry Lutz — ADDRESS: N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39799

CERTIFICATE OF DEATH

53-E F 39799

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St., 5 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Miss Helen Poehlman

(a) Residence: No. 11 Winters Ave Catonsville Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6. If married, widowed, or divorced
HUSBAND of ——
(or) WIFE of ——

DATE OF BIRTH (month, day, year) June 13th 1901

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	3	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. P.B.X. 0030 Telephone Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bell Tel Co - Broadway

10. Date deceased last worked at this occupation (month and year) 10/2/37

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Catonsville Md

13. NAME August Poehlman

14. BIRTHPLACE (city or town) (State or country) Catonsville Md

15. MAIDEN NAME Mrs Catherine Kaiser

16. BIRTHPLACE (city or town) (State or country) Catonsville Md.

17. INFORMANT Catherine Kaiser

(Address) Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Oct 12th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED ..... 19.....

OCT 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 3, 1937, to October 8, 1937

I last saw her alive on October 8, 1937. Death is said to have occurred on the date stated above, at 2:27 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdominal Carcinomatosis, primary source not determined	

Other contributory causes of importance:

~~Renal Insufficiency~~ Uremia	

Was an operation performed? yes Date of 10/6/37

For what disease or injury? Abdominal Carcinomatosis

Name of operation Laparotomy

What test confirmed diagnosis? Operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Karl F. Mech M.D.

(Address) St. Agnes Hospital

39800 F 39800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-495-13

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Church Home & Infirmary St., Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Amelia Engle — If U. S. Veteran specify WAR

(a) Residence: No. 1022 N. Eutaw St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	wht.	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Jan 26-1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	9	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Modiste

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) Jan 1936

11. Total time (years) spent in this occupation 2

BIRTHPLACE (city or town) Bedford Co
(State or country) Pa

13. NAME John H Engle

14. BIRTHPLACE (city or town) Hanover
(State or country)

15. MAIDEN NAME Sarah E Brady

16. BIRTHPLACE (city or town) Hanover
(State or country)

INFORMANT Mrs Jno H Engle
(Address) 1022 Eutaw St.

17. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct 11th 1937

UNDERTAKER Eutaw Undertaking Co
(Address) 1121 Eutaw St

FILED Oct 11 1937 H. [illegible] Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1937, to Oct. 8, 1937

I last saw her alive on Oct. 8, 1937. Death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, arteriosclerotic	1927
Coronary infarction	Oct. 8, 1937
Arteriosclerosis	

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury? 0

Name of operation 0 Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh C. Hagerty, M. D.

(Address) Church Home & Infirmary

M. D. B. 1268-9

39801

F 39801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9-8 108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1900 Boone St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 3 mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward J. Roberts Sr.

(a) Residence: No. 1900 Boone St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W.

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Florence F. Roberts

6. DATE OF BIRTH (month, day, year): June 29 1879

7. AGE: Years 58 | Months 3 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Night Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hotel

10. Date deceased last worked at this occupation (month and year): Oct 1937

11. Total time (years) spent in this occupation: 33

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME: Edward J. Roberts Sr.

14. BIRTHPLACE (city or town) (State or country): Balto Md.

15. MAIDEN NAME: Cordelia M Berry.

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Mrs. Florence F. Roberts
(Address) 1900 Boone St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: Oct 11 1937

19. UNDERTAKER: Strayhorn & Hoffman
(Address) 1900 Eutaw Place

Registrar.

20. FILED: 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 8 1937

22. I HEREBY CERTIFY, That I attended deceased from October 6 1937 to October 8 1937

I last saw him alive on October 8 1937 Death is said to have occurred on the date stated above, at 10:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Exhaustion	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Howard E. Woodrow M. D.

(Address) 530 E. North Avenue

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39802

9802

CERTIFICATE OF DEATH

Registered No. 1822

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 26-9 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine E. Emmel

(a) Residence: No. 346 Fait Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: August Emmel

7. DATE OF BIRTH (month, day, year): Aug 6 - 1864

8. AGE — Years: 73 | Months: 2 | Days: 32 | If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ✓

10. Date deceased last worked at this occupation (month and year): Oct 1 - 1937

11. Total time (years) spent in this occupation: 10 yrs.

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Paul E. Emmel, Spouse
(Address) 1226 Fawn Blvd

18. BURIAL, CREMATION OR REMOVAL
Place: Woodland Park Date: 10/11, 1937

19. UNDERTAKER: Richard F. Cuttler
(Address) 700 E. Eutaw St.

20. FILED: Nov 6, 1937 Registrar.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hypertrophy	7 years
Embolism	Oct. 9 - 1937
Other contributory causes of importance: Arterio-sclerosis	7 years

Was an operation performed? NW Date of ✓

For what disease or injury? ✓

Name of operation Clinical Date of ✓

What test confirmed diagnosis ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NW Date of injury ..... 19...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

39803 HEALTH DEPARTMENT—CITY OF BALTIMORE 39803

CERTIFICATE OF DEATH

9-5122-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp, Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence In city or town where death occurred 7yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Mary Schaefer

(a) Residence: No. 811 E. 33rd St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Schaefer

DATE OF BIRTH (month, day, year) Dec 22 1858

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	10	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Henry Wiesman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Minnie Jenkmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louis H Addison

(Address) 811 E 33 St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 10/11 193

19. UNDERTAKER J H McCurley

(Address) 129 E Fort Ave

FILED OCT 9 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/8 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/6 1937 to 10/8 1937

I last saw her alive on 10/8 1937. Death is said to have occurred on the date stated above, at 3:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Left inguinal hernia	10/6/37
Other contributory causes of importance:	

Was an operation performed? yes Date of 10/6/37

For what disease or injury? Strangulated hernia

Name of operation Reduction of contents of small int.

What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas B Marck M. D.

(Address) Bon Secours Hosp

39804 E 39804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St Joseph's Hospital 71-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. Life ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Catherine Lusby

(a) Residence: No. 1016 W. Cross St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Chas. W. Lusby

DATE OF BIRTH (month, day, year) March 27 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	6	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John McCarron

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs. Catherine Donnelly

(Address) 1016 W Cross St

BURIAL, CREMATION, OR REMOVAL Place London Pk Date 10/11/37 19

UNDERTAKER John Howard & Son

(Address) 901 Hollins St

FILED 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 8 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 28 1937 to Oct. 8 1937

I last saw h e alive on October 8 1937 Death is said to have occurred on the date stated above, at 145 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Cholecystitis	2 yrs
Cirrhosis of liver	?
Other contributory causes of importance:	over

Was an operation performed? No Date of 10-6 37

For what disease or injury? Ch. Cholecystitis

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert E. Redman M. D.

(Address) St. Joseph's Hospital

39805 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39805

CERTIFICATE OF DEATH 115-a

Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Lyndhurst Hospital St., 4356 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Donald Bell

(a) Residence: No. 1302 Deloraine Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) December 30 1933

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Donnie Bell

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Hazel Wann

16. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

17. INFORMANT Hazel Wann Bell (Mother)
(Address) 1302 Deloraine Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Pine Grove, Balto. Co. Date Oct. 11 1937

19. UNDERTAKER E. Leroy Stiffler, Inc.
(Address) 225 E. North Ave.

20. FILED 19 Registrar

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 9 1937

22. I HEREBY CERTIFY, That I attended deceased from October 7 1937 to October 9 1937

I last saw him alive on October 9 1937 Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Infection	October 4 1937
Meningitis	October 7, 1937
Bilateral Otitis Media	

Other contributory causes of importance:
Acute Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Sigmund Goldberg M. D.

(Address) 3806 Eggleston Ave

Dr Dewey

39806 HEALTH DEPARTMENT—CITY OF BALTIMORE 39806

CERTIFICATE OF DEATH ✓ 45F

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 S. Glenwood Ave Ward) 1-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Wm A. Ricklin

(a) Residence: No. 810 S. Glenwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
M.	W	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Ricklin

DATE OF BIRTH (month, day, year) Sept 27th 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

13. NAME Antone Ricklin

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Louisa Martin

(Address) 810 S. Glenwood Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Westernbem Date Oct 12th 37

19. UNDERTAKER Leo G. Cook

(Address) 1705 N Pitt Park Ave

20. FILED 19 Registrar.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8. 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4 1937 to Oct 8 1937

I last saw h/m alive on Oct. 8 1937 Death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma R Throat (Right Tonsil, involved) — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Joseph Tenbey M. D.

(Address) 1115 Ellwood Ave

39807 E 39807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17-3 V 11-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., ...Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Claudette Sylvia Barnes

(a) Residence: No. 321 Upton St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	negro	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 3/23/39

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Earl Howard

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Emily Barnes

16. BIRTHPLACE (city or town) (State or country) Maryland.

INFORMANT Admitting Office University Hospital
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Date 19

UNDERTAKER UNIVERSITY MEDICAL SCHOOL OCT 9 - 1937
(Address) COMMISSIONER OF HEALTH

FILED 10-9-1937 Per M. D. Moore Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1937 to Oct 6, 1937

I last saw her alive on Oct 6, 1937. Death is said to have occurred on the date stated above, at 5 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza Pneumonitis	Sept 27
Terminal Pneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Cultures Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Kennedy Walker M. D.

(Address) University Hospital

H. D. B 1268-9

39808 HEALTH DEPARTMENT—CITY OF BALTIMORE F 39808

CERTIFICATE OF DEATH √463

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1053 W Lexington St., 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Jacob William Cottmon

(a) Residence: No. 1053 W Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: colored

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced: HUSBAND of Minerva Reed Cottmon

7. DATE OF BIRTH (month, day, year): March 1877

AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	60	7	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Oyster Packing

10. Date deceased last worked at this occupation (month and year): November 1936

11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): Snow Hill md.

13. NAME: not Known

14. BIRTHPLACE (city or town) (State or country):

15. MAIDEN NAME: not Known

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Minerva Reed Cottmon

(Address) 1053 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Oct 10, 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 S. Schroeder St

20. FILED 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10.7.37

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1937 to Oct. 7, 1937

I last saw h[illegible] alive on Oct. 6, 1937 Death is said to have occurred on the date stated above, at 9:45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	5.15.37

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Path. Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — , 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M. Carr M. D.

(Address) 865 W Lexington St

E 39809

3-5-27

39809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 19-2 St., Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Godfrey Walker If U. S. Veteran specify WAR

(a) Residence: No. 218 N. Glucker St St., Ward. H & H 7
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Negro	

3. If married, widowed, or divorced — HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Dec 31 36

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	9	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Louis Walker

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizabeth Roane

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Oct 9, 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 4th, 1937 to Oct 7, 1937

I last saw him alive on Oct 7th, 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
B. Streptococcus Laryngitis	10-1-37

Other contributory causes of importance:

? of Pneumonia

? of Sinus Bronchitis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Weston M. Kilroy, Jr. M. D.

(Address) Johns Hopkins Hospital

F 39810

39810 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. W. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles P. McCullough

(a) Residence: No. 422 E. 21st. Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Elizabeth A. McCullough

6. DATE OF BIRTH (month, day, year) Jan. 16, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44 43	8	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Automobile Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

13. NAME George McCullough

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary E. McCullough

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Elizabeth A. McCullough

(Address) 422 E. 21st. Street

18. BURIAL, CREMATION, OR REMOVAL Place Middletown, Balto. Co. Date Oct. 11, 1937

19. UNDERTAKER Leroy S. Stiffler, Inc.

(Address) 1232 North Ave.

OCT 1937

19 Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of Head	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury Oct. 8, 1937

Where did injury occur? 422 E. 21st St. Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Shot himself with

Nature of injury a rifle

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) 1912 E. North Ave.

39811 E 39811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 14 E. Hamburg St. 23-2 Ward)

Length of residence in city or town where death occurred 42 yrs. 6 mos. 24 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Estella Theresa Hales

(a) Residence: No. 14 E. Hamburg St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) March 16. 1895

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Box Factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME Nelson R. Hales

14. BIRTHPLACE (city or town) (State or country) Calvert, Co., Md.

15. MAIDEN NAME Catherine Burns

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

INFORMANT Mrs. Ella Fangmann

(Address) 14 E. Hamburg St.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Oct. 11, 1937

UNDERTAKER Margaret G. Flynn

(Address) 422 Light St.

Oct 10 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1936 19..., to Oct. 8, 19 37

I last saw her alive on Oct. 7, 19 37 Death is said to have occurred on the date stated above, at 8.30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular renal disease	Feb. 2nd. 1934.

Other contributory causes of importance:

Was an operation performed? no Date of - - -

For what disease or injury? - - -

Name of operation - - -

What test confirmed diagnosis? D. f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Harry Weibel M. D.

(Address) 1224-1226 Hanover St.

9812 E 39812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 BOLTON St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME MARY CARROLL DENISON FRICK

If U. S. Veteran specify WAR .....

(a) Residence: No. 1523 BOLTON St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOWED

6a. If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Charles Frick

6. DATE OF BIRTH (month, day, year) Apr 22 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72 yrs	5	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE, MD

13. NAME ROBERT M DENISON

14. BIRTHPLACE (city or town) (State or country) BALTIMORE, Md

15. MAIDEN NAME MARY CARROLL

16. BIRTHPLACE (city or town) (State or country) BALTIMORE, Md

17. INFORMANT R. Denison Frick

(Address) Owings Mills, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Oct 11 1937

19. UNDERTAKER Henry W. Jenkins & Son

(Address) Orchard St + McCulloh

20. FILED Oct 11 1937 Registrar

Oct 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1937 to Oct 4 1937

I last saw her alive on Oct 4 1937 Death is said to have occurred on the date stated above, at 3:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Several
Hypertension	
Cerebral Sclerosis	
Other contributory causes of importance:	Over

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W H Moody M. D.

(Address) 1403 Park Ave

9813

F 39813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 722 W. Lexington St. St. 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marcella Kuklerus

If U. S. Veteran specify WAR .....

(a) Residence: No. 722 W. Lexington St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andew Kuklerus

6. DATE OF BIRTH (month, day, year) Nov. 6, 1883

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	53	11	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Helen M. Compton

(Address) 3601 Evernurst

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 11 1937

19. UNDERTAKER Mrs. John M. Templeton Son

(Address) 811 W. Lexington St

20. FILED Oct 9 1937 Lucie M. Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry) to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. K. Cullen M. D.

(Address) 2757 W. Lexington

Surgeon

39814

HEALTH DEPARTMENT—CITY OF BALTIMORE

39814

CERTIFICATE OF DEATH 27011-CM

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40yrs ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella S. Freedman

If U. S. Veteran specify WAR

(a) Residence: No. 108 S. Patterson Park Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Boriss

DATE OF BIRTH (month, day, year) 4-15-1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	5	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

12. NAME Jos. Richmond (D)

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Jennie ? (D)

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Records of Balto. City Hospts.
(Address)

BURIAL, CREMATION, OR REMOVAL Date 10-10-37

UNDERTAKER Jack Lewis Inc
(Address) 1439 E. Baltimore St

FILED OCT 13 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 27, 1937, to October 9, 1937

I last saw her alive on October 9, 1937 Death is said to have occurred on the date stated above, at 3:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) A. Q. De Lautelle M. D.

(Address) Baltimore City Hospitals

E 39815

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39815

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2456 W. Baltimore St St. 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis Henry Schaefer

(a) Residence: No. 2456 W. Baltimore St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary K. Schaefer

6. DATE OF BIRTH (month, day, year) Sept 20 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. Or min.
	78		19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transfer business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME Conrad Schaefer

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Josephine Hohman

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mary K. Schaefer
(Address) 2456 W. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem Date Oct 12 1937

19. UNDERTAKER Harry A. Mumcock
(Address) 1203 Ridgewood Ave

20. FILED 10 Registrar.

61 100
0 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 9th 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1937 to Oct. 9 1937

I last saw him alive on Oct. 2 1937 Death is said to have occurred on the date stated above, at 12:26 m.

The principal cause of death and related causes of importance were as follows:

Valvular Disease of Heart — Date of onset [illegible]

Other contributory causes of importance: Dilatation of Heart

& Ortho

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 1605 W. Fayette St

39816 HEALTH DEPARTMENT—CITY OF BALTIMORE F 39816

CERTIFICATE OF DEATH 2724Y--U 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City nospts. St. 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank M. Gintr

(a) Residence: No. 1612 Pennsylvania Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1-18-1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	8	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME un.

14. BIRTHPLACE (city or town) (State or country) un.

15. MAIDEN NAME un.

16. BIRTHPLACE (city or town) (State or country) un.

INFORMANT Records of Balto. City nospts.
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Cremation Loudon Park Date Oct 11 1937

UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave

FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 5 1937 to October 8 1937.

I last saw him alive on October 8 1937. Death is said to have occurred on the date stated above, at 3.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	10-3-37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. de Lamballe, M. D.

(Address) Baltimore City Hospitals

F 39817

39817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2303 Annapolis Rd St., 25th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Rebecca Patterson

(a) Residence: No. 2303 Annapolis Rd St., 25 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced (or) WIFE of Robert Patterson

DATE OF BIRTH (month, day, year) March 23, 1873

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	64	6	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation Life.

12. BIRTHPLACE (city or town) (State or country) Norristown Pa.

13. NAME Charles Pickup

14. BIRTHPLACE (city or town) (State or country) England.

15. MAIDEN NAME Sarah Walton

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Mrs. Robt Patterson

(Address) 2303 Annapolis Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Louden Park Date Oct 10 1937

19. UNDERTAKER Jeannie E. Esher

(Address) 1600 N. Castle Ave Wilmington, Del

20. FILED 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8 October 1937

22. I HEREBY CERTIFY, That I attended deceased from 27 August, 1937, to 8 October, 1937

I last saw her alive on 7 October 1937 Death is said to have occurred on the date stated above, at 10:50 A.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Ch. — Date of onset ?

Other contributory causes of importance:

Cardiac Decompensation — 27 Aug '37

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) H. Hammond Wheeler M. D.

(Address) 2910 Hollins Ferry Rd Cty.

39818 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 39818

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3615 Howard Park Ave St.) (Ward) 28-1

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 0 mos. 18 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME George H. Brown
If U. S. Veteran specify WAR .....

(a) Residence: No. 3615 Howard Park Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 20, 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	0	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mer Mined Trans Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodlawn Md.
13. NAME James Brown
14. BIRTHPLACE (city or town) (State or country) Howard Co Md.
15. MAIDEN NAME Elizabeth Denson
16. BIRTHPLACE (city or town) (State or country) Balto Md
17. INFORMANT Mrs Maggie Robert
(Address) 3615 Howard Park Ave
18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Oct 11 37
19. UNDERTAKER Wm Wickes Sons
(Address) North & Pa Aves.
20. FILED Oct 11 1937 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1937, to Oct 8, 1937
I last saw him alive on Oct 8, 1937 Death is said to have occurred on the date stated above, at 12.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	1935 -
Chronic Myocarditis	1937 -
Myocardial failure	
Other contributory causes of importance:	

Was an operation performed? No. Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) E. C. Krance M. D.
(Address) 4800 Roland Ave

B 24689
39819

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39819

CERTIFICATE OF DEATH

V 46-B

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. X 7-5 St., Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Wilensky If U. S. Veteran specify WAR

(a) Residence: No. 141 Harrison St. Petersburg Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dora.

DATE OF BIRTH (month, day, year) 1-16-78

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	8	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Of Father David Wilensky

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Of Mother Jennie Glazer

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Petersburg Va. Date Oct 10 1937

19. UNDERTAKER Wm. J. Lieberman & Sons (Address) North & Pa.

20. FILED 61431 Oct 13 1937 Wilmer Wright Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1937 to Oct 10, 1937

I last saw him alive on Oct 10th 1937 Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach - lower end of oesophagus	
Bronchopneumonia	
Chronic pancreatitis.	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Oct 5, 37

For what disease or injury?

Name of operation Exploratory Laparatomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Paul A. Kimball, M. D.

(Address) The Johns Hopkins Hospital

9820

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39820

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 637 Cator Ave Ward) 9-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Levin Benjamin Parks

If U.S. Veteran specify WAR No Record

(a) Residence: No. 637 Cator Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widower

6. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~the wife of~~ Julia A. Parks

DATE OF BIRTH (month, day, year) Feb 23rd 1840

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
97	7	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foreman Cabt Co

10. Date deceased last worked at this occupation (month and year) 1915

11. Total time (years) spent in this occupation 60

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Lillie (Unknown)

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Lillie E. Busch

(Address) 637 Cator Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Oct 11th 1937

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 10 1937 Wilmington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8th 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1937 to Oct. 8, 1937

I last saw h/M alive on Oct. 8, 1937. Death is said to have occurred on the date stated above, at 4 05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	—

Other contributory causes of importance:

Senility

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lloyd C. Layler M. D.

(Address) 3902 Greenmount Ave.

9821

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39821

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1510 E. Hoffman St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Johnson

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1510 E. Hoffman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married

6. If married, ~~widowed or divorced~~ WIFE of HUSBAND of: Elsie Rengoy Johnson

DATE OF BIRTH (month, day, year): Sept 27th 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	0	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 1935

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Holland

13. NAME (John Johnson

14. BIRTHPLACE (city or town) (State or country): Holland

15. MAIDEN NAME: Theresa Westrick

16. BIRTHPLACE (city or town) (State or country): Holland

17. INFORMANT: Elsie P. Johnson

(Address): 1510 E. Hoffman St

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto Date: Oct 12th 1937

19. UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

20. FILED 19 Registrar.

OCT 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 10th 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1937 to Oct 10 1937

I last saw him alive on Oct. 9 1937. Death is said to have occurred on the date stated above, at 3:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	1936
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jacob Frahm, M. D.

(Address) 1873 N. Mad St.

39822

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39822

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) Sinai Hospital St., 8-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dy.

2. FULL NAME George R. Webster

If U. S. Veteran specify WAR

(a) Residence: No. 1306 N. Luzerne Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence (Bramble)

DATE OF BIRTH (month, day, year) 10/17/1873

AGE	Years	Months	Days	If LESS than 1 day ... hrs. ... min.
	63	11	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Wm. Webster

14. BIRTHPLACE (city or town) (State or country) Somerset Co Md

15. MAIDEN NAME Parks

16. BIRTHPLACE (city or town) (State or country) Somerset Co Md

17. INFORMANT Florence Webster

(Address) 1306 N. Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Maryland Date Oct 11th 1937

19. UNDERTAKER George Gutta Jr.

(Address) 1725 Harford Ave

FILED ... 19...

OCT 13 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 17 1937 to Oct 8 1937

I last saw him alive on Oct 8 1937 Death is said to have occurred on the date stated above, at 1:35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Oct 6
Other contributory causes of importance:	
Malignant prostatic hypertrophy	1935
Papilloma of Bladder	1937

Was an operation performed? Yes Date of Oct 5

For what disease or injury? Malignant prostatic hypertrophy

Name of operation Supra pubic prostatectomy

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. Merkin M. D.

(Address) Sinai Hosp

F 39823

39823 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

V 48

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1607 N. Dunham St., 8-6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marinda Isabelle Swartz

If U.S. Veteran specify WAR .....

(a) Residence: No. 1607 N. Dunham St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maurice Martin Swartz

DATE OF BIRTH (month, day, year) Feb 2, 1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	8	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME George Washington Jones

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Isabella Moore

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Maurice Swartz (husband)

(Address) 1607 N. Dunham St.

17. BURIAL, CREMATION, OR REMOVAL

Place London (Bur) Date Oct 13th, 1937

UNDERTAKER George J. Kyle Inc

(Address) 1125 Hollins St Ave

FILED OCT 13 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1937, to October 9, 1937

I last saw her alive on October 9, 1937 Death is said to have occurred on the date stated above, at 10:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	10/4/37
Carcinoma of Cervix of Uterus	Dec 1936
Generalized Carcinomatosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Helen G. Maginnis, M. D.

(Address) 1400 N. Washington St.

F 39824

39824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 3849 Roland Ave. Registered No. .....
CITY OF BALTIMORE: (No. ..... St., 13 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2 FULL NAME Mrs Jennie De Moss. If U. S. Veteran specify WAR .....

(a) Residence: No. 3849 Rolandave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Harry D. de Moss
6. DATE OF BIRTH (month, day, year): February 21-1861
7. AGE — Years: 76 | Months: 7 | Days: 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 000
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Harford Co. Md.

MOTHER FATHER
13. NAME: John Winkler
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Christine Smith
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Miss Lucy D. de Moss 3849 Roland Ave.
18. BURIAL, CREMATION, OR REMOVAL — Place: Woodlawn Date: Oct. 11, 1937
19. UNDERTAKER (Address): Horace F. Burgee 3631 Falls Road
OCT 1937 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 8, 1937
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1 year
Other contributory causes of importance: Carcinoma of Breast	8 yrs
	1 year ago.

Was an operation performed? ..... Date of .....
For what disease or injury? No
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John A Evans, M. D.
Coroner
(Address) Coroner

F 39825

39825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 Hollen Rd. St., 27-12 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Benjamin T. Bradley

(a) Residence: No. 125 E. Main St., ... Ward. Frostburg, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Mae Phillips Bradley

6. DATE OF BIRTH (month, day, year) June 9, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md. Frostburg

FATHER

13. NAME Edward Bradley

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Sara Thomas

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Sara F. Bradley

(Address) 125 E. Main St. Frostburg, Md.

18. BURIAL, CREMATION, OR REMOVAL Allegheny Cemetery Frostburg Md Date 10/10 1937

19. UNDERTAKER Wm. Cook

(Address) 127 S. Paul St.

20. FILED OCT 11 1937 Harrington Williams Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schreiber Coroner, M. D.

(Address) 1919 E. North Ave.

F 39826

39826 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

59

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 Mc Henry St. 7 Ward 2)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eva T. Sayles

If U.S. Veteran specify WAR No Record

(a) Residence: No. 2010 Mc Henry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Harry Sayles

DATE OF BIRTH (month, day, year) April 26th 1876

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	5	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Crisfield Md

13. NAME of Father O'Conner

14. BIRTHPLACE (city or town) (State or country) Nakaron

15. MAIDEN NAME of Mother Mary ?

16. BIRTHPLACE (city or town) (State or country) Crisfield Md

17. INFORMANT Lucy Horn
(Address) 2010 Mc Henry St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct 12th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Oct 13 1937 Hunter Wilcox, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9th 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1937 to Oct 9 1937

I last saw h alive on Oct 1 1937 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Hypertensive cardio vascular disease	2 yrs
Other contributory causes of importance:	
Acute pulmonary edema	1 day

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clinical Evidence Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Benjamin Miller M. D.

(Address) 2030 Wilkens Ave

F 39827

39827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-D

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cora Hutchins Fowler

(a) Residence: No. Bowers, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) July 21, 1937

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	2	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Preston W. Fowler

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Marjorie Hutchins

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Calvert County Date Oct. 11, 1937

19. UNDERTAKER A. A. Warfield & Son
(Address) mutual md

20. FILED OCT 11 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1937 to October 10, 1937
I last saw h in alive on October 10, 1937 Death is said to have occurred on the date stated above, at 8 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital anomalies —	2/21/37
Microcephalia	"
Harelip + cleft palate	"

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Ernest A. Diggs M. D.
(Address) University Hospital

39828 39828

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 210-M

1. PLACE OF DEATH Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7-5 St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME James L. Thompson

(a) Residence: No. Rocks Md — Hunt St., for Ward. Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME J. L. Thompson

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Emma Bond

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mary F. Ross
(Address) Buson mt

18. BURIAL, CREMATION, OR REMOVAL Friendship Date 10/13/37

19. UNDERTAKER Hazelwood & Ross
(Address) Baltimore Md.

20. FILED OCT 14 1937 [illegible] Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/10/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon, and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Fractured skull	10/10
2.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of Injury 10/10, 19 37

Where did injury occur? On Rolla Rd near Belair
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Head on collision

Nature of injury of Two Autos

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert Hunting Clyde M. D.
Coroner

(Address) 907 N. Calvert

39829 F 39829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Volunteers of America Hosp St., 4 Ward)

Length of residence in city or town where death occurred ..... yrs. mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gertrude Skipper

If U.S. Veteran specify WAR .....

(a) Residence: No. 3646 Keswick Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Lawrence P. Skipper

DATE OF BIRTH (month, day, year): May. 26 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	6	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Carroll Co

13. NAME OF FATHER: J. T. Sellers

14. BIRTHPLACE (city or town) (State or country): Carroll Co

15. MAIDEN NAME OF MOTHER: Mamie Hann

16. BIRTHPLACE (city or town) (State or country): Carroll Co

17. INFORMANT: Lawrence P Skipper
(Address) 3641 Keswick Rd Balto City

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Carmel Date: Oct 12 37

19. UNDERTAKER: J. F. Flinn & Sons
(Address) Westminster Md

20. FILED: Oct 11 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1937 to Oct 10, 1937

I last saw her alive on Oct 10 1937 Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bacterial Endocarditis	9/19/37
Cerebral Embolism	Oct. 1/37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Leonard M. Hummel M. D.
(Address) 418 N. Lexington St
Vol. of America Hosp.

9830 F 39830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 777 George St., 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fannie Christian

If U.S. Veteran specify WAR ...

(a) Residence: No. 777 George St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wash Christian

7. DATE OF BIRTH (month, day, year) 4/9/1864

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	6	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundress odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Richmond Va

13. NAME OF FATHER Henry Whitfield N.C.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME OF MOTHER Lennie Bolekin

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Elanor C Brown

(Address) 777 George St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 10/11 37

19. UNDERTAKER William A Jackson

(Address) 916 Pennsylvania Ave

20. FILED 10/11 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-9 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5 1937 to Oct. 9 1937

I last saw her alive on Oct 8 1937. Death is said to have occurred on the date stated above, at 4:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/5/37

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B N Hatcher M. D.

(Address) 1715 Pennsylvania Ave

39831 E 39831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp 2-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Henry Syntore

(a) Residence: No. 1207 Gough St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 5, 1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. Robert Henry Syntore

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Alexandria Wasielewski

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Sister in charge of (Address) St. Vincent's Orphanage

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Oct 13th 1937

19. UNDERTAKER George A Weber

(Address) 705 S Ann St

20. FILED 19 Registrar.

1937 Hamilton Division

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-10-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-9- 1937 to 10-10- 1937

I last saw him alive on 10-10- 1937 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus meningitis	10-7

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address) Sydenham Hosp.

39832 E 39832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

158

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 2-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Majka

If U. S. Veteran specify WAR .....

(a) Residence: No. 225 S. Chapel St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 16, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER FATHER

13. NAME Joseph Majka

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Emma Witte

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Joseph Majka

(Address) 225 S. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date October 11. 1937

19. UNDERTAKER Geo. A. Weber

(Address) 2618 Eastern Ave

20. FILED 11-12-37 Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schleyer, M. D.
Coroner

(Address) 1702 E. Monument

39833 E 39833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 27299--CM

3-1 √107-a

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City nospts. St. ..... Ward)

Length of residence in city or town where death occurred 25yrs yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alex Kornaluk

If U. S. Veteran specify WAR .....

(a) Residence: No. 339 S. Caroline St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Willie (D)

DATE OF BIRTH (month, day, year) 1874 ?

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Un,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Theodore Kornaluk

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Helen ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records of Balto. City nospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Russian Independent Date Oct 12th 1937

19. UNDERTAKER Geggie a Weber

(Address) 700 E Lanvale St

20. FILED ..... 19 ..... Registrar

Huntington Williams, M.D.

11130 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 7, 1937 to October 10, 1937

I last saw him alive on October 10, 1937 Death is said to have occurred on the date stated above, at 2.35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-3-37
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. de Saulle M. D.

(Address) Baltimore City Hospitals

F 39834

39834 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 108 cc

CERTIFICATE OF DEATH

Registered No. 1872

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Bay View St. 26 Ward 4)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth H. Ramsey

(a) Residence: No. 2201 Frankford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	S

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) April 9 - 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Darwin Ramsey

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Sarah Carr

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Darwin Ramsey (Father)
(Address) 2201 Frankford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Oct 12. 1937

19. UNDERTAKER J. Sander Sons Inc.
(Address) 1317 Eutaw St.

20. FILED Oct 12 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Oct. 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3 days

Other contributory causes of importance: Cyanosis over entire body

Was an operation performed? ✓ Date of ✓

For what disease or injury? ✓

Name of operation (1) ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury . 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Alan E. Woods M. D. Coroner

(Address) 1712 N. Broadway

Spec.—2-29-28—L. F. S.—500 Bks.

39835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D F 39835

1—PLACE OF DEATH Franklin Sq. Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Ball ST., 8-2 WARD)

2—FULL NAME Barett Brown

(a) RESIDENCE NO. 1701 Montford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 0 mos. 0 ds. How long in U. S., if foreign birth 43 yrs. 6 mos. 21 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	

3 If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, and year) Apr-8-1894

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
43		6	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Female Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer) Work-home

(c) Name of employer none-time of death

BIRTHPLACE (city or town) Savannah

(State or country) Georgia

10 NAME OF FATHER Geo B Brown

11 BIRTHPLACE OF FATHER (city or town) Providence

(State or country) Rhode Island

12 MAIDEN NAME OF MOTHER Mayant Morris

13 BIRTHPLACE OF MOTHER (city or town) Liverpool

(State or country) England

Informant B B Brown (Bro)

(Address) 1833 Montford

Filed OCT 11 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct-9-1937

17 I HEREBY CERTIFY, That I attended deceased from Sept 18-, 1937, to Oct 9, 1937, that I last saw him alive on 3:00 AM Oct 9, 1937 and that death occurred, on the date stated above, at 4:00 Am.

The CAUSE OF DEATH* was as follows:

Cancer of the rectum

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Respiratory failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of ?

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) M. Solare, M. D.

, 19 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lindenbank — DATE OF BURIAL Oct-11-19 37

20 UNDERTAKER Stewart Memorial — ADDRESS Balto

39836 F 39836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1441 Lawman St. 24-1 Ward)

1441 Lowman St ✓ 186-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 08 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Fresser

If U. S. Veteran specify WAR

(a) Residence: No. 1441 Lawman St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna C. Fresser

6. DATE OF BIRTH (month, day, year) Jan. 17, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	08	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 + 5

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. Fresser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Minnie Hooper

(Address) 1441 Lawman St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 10/12/37

19. UNDERTAKER Chas J. Stegman

(Address) 501 S. Gay St

20. FILED OCT 13 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Oct. 9, 1937 19

Where did injury occur? 1441 Lowman St Balto. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down Cellar steps

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. H. O'Mellon Coroner, M. D.

(Address) 1737 W. Mont

39837 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 39837

CERTIFICATE OF DEATH

146-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Bessie Edelson

If U. S. Veteran specify WAR .....

(a) Residence: No. 3604 Springdale Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Samuel H.

7. DATE OF BIRTH (month, day, year) 1883

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	-	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Harry Kender

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Bessie Sinko

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel H. Edelson

(Address) 3604 Springdale ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Cemetery Date Oct 11 1937

19. UNDERTAKER Sol Levinson & Bros

(Address) 1124-1126 W. North ave

20. FILED Huntington Williams, Registrar.

OCT 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1937 to Oct 10, 1937

I last saw her alive on Oct 10, 1937. Death is said to have occurred on the date stated above, at 11:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of oesophagus	?
Bronchopneumonia	Oct 8.
Other contributory causes of importance:	

Was an operation performed? Yes Date of Oct. 8, 1937

For what disease or injury? Oesophagotomy

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) J. V. Grauer, M. D.

(Address) Mercy Hosp.

F 39838

39838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. 12-3

CITY OF BALTIMORE: (No. 1814 St Paul St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John A. Allen

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1814 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Male	White	Married

3. If married ~~widowed or divorced~~ HUSBAND of ~~(or WIFE of)~~ Elizabeth M. Allen

DATE OF BIRTH (month, day, year) Aug 20th 1858

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	1	19	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superintendent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mt Olivet Cemetery

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Halifax N. C.

13. NAME Ka Kapon

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Elizabeth M. Allen
(Address) 1814 St. Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct 11th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED OCT 11 1937 Washington Williams Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9th 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 15- 1937 to Oct. 9- 37

I last saw him alive on Oct. 8. 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arthritis.	10yr
Myocarditis.	2hrs.

Other contributory causes of importance:

old age.

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Herbert L Hooker M. D.

(Address) Med. arts Bldg

39839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maine Hospital Dr. Registered No. 3

CITY OF BALTIMORE: (No.) St. 10 E (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fursie Artes

(a) Residence: No. 1403 E. Eager St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle Artes

6. DATE OF BIRTH (month, day, year) Nov 11 - 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam R.R.

10. Date deceased last worked at this occupation (month and year) 10/8 - 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Suffolk Va

FATHER

13. NAME Charles Artes

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Sallie Burgess

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Estelle Artes

(Address) 1403 E. Eager St Balto

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem Date 10/11 1937

19. UNDERTAKER Francis A. Hemsley

(Address) 578 W. Biddle St

20. FILED 10 1937 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/8 , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said / find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 10/8 Accident, 19

Where did injury occur? Balto Co. & Charles St Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Highway

[illegible] Fell out of auto [illegible] Head [illegible]

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Henry Hunter Slade, M. D. Coroner

(Address) 707 N. Calvert St

S 6

M. D. B. 1268-9

39840

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39840

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 Parrish St. Ward) 19-3 154

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby girl Reynolds

(a) Residence: No. 412 Parrish St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-8-37

7. AGE Years	Months	Days	If LESS than 1 day, 12 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ... None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Martin L. Reynolds

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Gertrude Montgomery

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Martin L. Reynolds
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Cathedral Cem. Date 10/11/1937

19. UNDERTAKER Eby & A. Fineman
(Address) Preston & Fayette

20. FILED OCT 11 1937 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/8 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct-8 1937 to Oct-9 1937

I last saw Her alive on Oct-8 1937 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity - 8 months -	
Actual cause of death	
Unknown.	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
No If no, specify ...

(Signed) Chas Lubin M. D.

(Address) 320 Cathedral Ave

3355 75
3984 1

F 39841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√9

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 1 8 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Constance Collins

If U. S. Veteran specify WAR .....

(a) Residence: No. 928 Bennett Pl St., ... Ward. 4 L 3

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: Negro | 5. Single, Married, Widowed, or Divorced (write the word): —

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 17 '31

7. AGE: Years 5 5 | Months 9 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Benj. Collins

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Benjamin Richardson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Oct 11 1937

19. UNDERTAKER Samuel H. Chase & Son

(Address) 638 N. Gilmor St

20. FILED ..... 19..... Registrar

11 1937

Huntington Ind.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7 X, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1937, to Oct 7, 1937

I last saw her alive on Oct 7, 1937 Death is said to have occurred on the date stated above, at 1 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	Birth
Cardiac decompensation	10/1/37
Other contributory causes of importance:	
Pertussis	8/14/37

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert Ward, M. D.

(Address) Johns Hopkins Hosp.

39842 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 39842

#26964

SF

CERTIFICATE OF DEATH

13-D

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Grenda

If U. S. Veteran specify WAR

(a) Residence: No. 530 Holtzman Court St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

7. DATE OF BIRTH (month, day, year) Not known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 67			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Oct 12 37

19. UNDERTAKER Wm. J. Fialkowski

(Address) 2003 Eastern Ave

20. FILED OCT 11 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 25 1937 to October 8 1937

I last saw him alive on October 8, 1937. Death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dysentery due to	
Flexner bacillus	9-20-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Data Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Santelle, M. D.

(Address) Baltimore City Hospitals

39843

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39843

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3415 Copley Rd St., 15-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Schwinger

If U. S. Veteran specify WAR .....

(a) Residence: No. 3415 Copley Rd St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	~~Not~~ Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 27 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	10	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Schwinger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dorathea Schreiock

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Miss May Schwinger

(Address) 3415 Copley Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 10-12 1937

19. UNDERTAKER Mrs Chas A G Rohde

(Address) 2327 Edmondson Ave

20. FILED OCT 11 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10th 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1937 to Oct 10th 1937

I last saw h.e alive on Oct 9th 1937. Death is said to have occurred ~~on the date stated above~~, at 1145A m. Oct 10th

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Unknown
Bronchopneumonia	Oct 7th

Other contributory causes of importance:

Arterio Sclerosis

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Physical exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas Tilden Towson, M. D.

(Address) 12 E. Eager St

In Rear 1st Floor 2-11 12 E. Eager St

39844 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 39844

CERTIFICATE OF DEATH

82-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 751 W. LEXINGTON St., 4 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 20 yrs. ..... mos. ..... ds.

2. FULL NAME PETRONE URBIETIS

If U.S. Veteran specify WAR .....

(a) Residence: No. 751 W. LEXINGTON St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

6a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of JOSEPH URBIETIS

6. DATE OF BIRTH (month, day, year) JUNE 12 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	3	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOME

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) LITHUANIA EUROPE

13. NAME SIMON LUCETA

14. BIRTHPLACE (city or town) (State or country) LITHUANIA EUROPE

15. MAIDEN NAME PETRONE — ? —

16. BIRTHPLACE (city or town) (State or country) LITHUANIA EUROPE

17. INFORMANT ALICE URBIETIS
(Address) 751 W. LEXINGTON ST

18. BURIAL, CREMATION, OR REMOVAL
Place HOLY REDEEMER (C) Date, OCT 12 1937

19. UNDERTAKER JOSEPH KASINSKAS, INC.
(Address) 699 WASHINGTON BLVD.

20. FILED OCT 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9 1937

22. I HEREBY CERTIFY, That I attended deceased from SEPT 22 1936 to OCT 9 1937

I last saw HER alive on Oct 9 1937 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	
CEREBRAL HEMORRHAGE	10-8-37

Other contributory causes of importance:

Was an operation performed? NO Date of .....

For what disease or injury? .....

What test confirmed diagnosis? EXAM Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Edward F Nolan M. D.

(Address) 682 WASHINGTON BLVD

39845 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39845

CERTIFICATE OF DEATH ✓ 46-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Peter Corrigan

If U.S. Veteran specify WAR .....

(a) Residence: No. 120 2 Bradford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Corrigan

6. DATE OF BIRTH (month, day, year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER Daniel Corrigan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Alice Donnelly

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mary Corrigan

(Address) 2028 Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Oct 12th 1937

19. UNDERTAKER Geo M. Fritchson & Wolfe St

(Address)

20. FILED Oct 11 1937 Hunters to Williamsport, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1937 to Oct 9 1937

I last saw him alive on Oct 9 1937 Death is said to have occurred on the date stated above, at 9 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	?
Chronic Stenosis Sigmoid	?
Other contributory causes of importance:	
Anemia	late

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis Exit Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Gilbert E Rudman M. D.

(Address) St Joseph's Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7896 F 39846

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-287-8 Ward 6)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sidney Levi

(a) Residence: No. Greenspring Manor Apts. 7311 Park Heights Av St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE Belle S. Levi

6. DATE OF BIRTH (month, day, year) Feby. 28, 1901

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
36	7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pawn Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Jacob Levi

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Belle Berman

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Mrs. S. Levi

(Address) Green Spring Manor Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Cem. Date Oct. 11 1937

19. UNDERTAKER Chas. Sonnheim & Son

(Address) 1902 Eastern Place

20. FILED ..... 19..... Registrar.

OCT 11 1937 Huntington Woods, Mich. EKB

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 7, 1937, to October 9, 1937.

I last saw him alive on Oct. 9, 1937. Death is said to have occurred on the date stated above, at 10:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (type undetermined)	10-7-37
Bronchial asthma	1931
Other contributory causes of importance:	
Multiple sclerosis	1931

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Bernard Kirshman, M. D.

(Address) Sinai Hospital

39847

HEALTH DEPARTMENT—CITY OF BALTIMORE

39847

CERTIFICATE OF DEATH

Registered No. 1732

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General Hospital (If Other)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Herbert H. Green

(a) Residence: No. 102 Campell St. (Canal) St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriett Green

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Green

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Parker

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Harriett Green

(Address) 1001 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson's Cemetery Date Oct 11, 1937

19. UNDERTAKER Mr Katz R. Williams

(Address) 322 N. Schroeder St.

20. FILED OCT 11 1937 Huntington, W. Va.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8, 1937.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) F. K. Carlson M. D.

Coroner

(Address) 2757 Winona

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39848 V 11-B F 39848

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. 14-2 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Melvin Waters

If U. S. Veteran specify WAR

(a) Residence: No. 1425 Myrtle Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 19, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

MOTHER FATHER

13. NAME Garfield Waters

14. BIRTHPLACE (city or town) Cumberland Co.
(State or country) Va

15. MAIDEN NAME Dorothy Smith

16. BIRTHPLACE (city or town) Matthews Co.
(State or country) Va.

17. INFORMANT Mother
(Address) 1425 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 10-11-37

19. UNDERTAKER Thomas E. Kelsey
(Address) 503 Forrest Ave

20. FILED OCT 11 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-9, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-8-, 1937 to 10-9-, 1937

I last saw him alive on 10-9-, 1937 Death is said to have occurred on the date stated above, at 9:25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal meningitis	10-8

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Wm Wagstaff Thelan M. D.

(Address) Sydenham Hosp.

39849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39849

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3610 Coolidge Ave. St., 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary E. Shipley

(a) Residence: No. 3610 Coolidge Ave, St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James B. Shipley

6. DATE OF BIRTH (month, day, year) Dec. 3. 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	10	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Josiah Cole

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Gile.

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Mrs. Bertha Dienhart.

(Address) 3610 Coolidge Ave.

18. BURIAL, CREMATION, OR REMOVAL Western Cemetery Date 10-11 37 19

Place

19. UNDERTAKER Wendell C. Humphreys.

(Address) 1501 N. Broadway.

20. FILED 1937 19 Registrar Hunterton Register, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-7-37. 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1937 to Oct 7 1937

I last saw her alive on Oct 7 1937 Death is said to have occurred on the date stated above, at 11-20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthenia Heberosis	
Chronic nephritis	
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? no

Name of operation Date of

What test confirmed diagnosis? Hist Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M Larson M. D.

(Address) Md State Troops Md

39850

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39850

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lucy Miller

(a) Residence: No. 1020 S Paca St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Miller

DATE OF BIRTH (month, day, year): Oct 2 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	0		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Virginia

13. NAME: John M. Fowles

14. BIRTHPLACE (city or town) (State or country): Virginia

15. MAIDEN NAME: Mary Mercer

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Mrs George Fowles

(Address) 4 E Cedar St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Green Mt Date: 10-12-37

19. UNDERTAKER: Randall E. Humphreys

(Address) 1100 N. Broadway

20. FILED 19 Registrar.

Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 10 1937

22. I HEREBY CERTIFY, That I attended deceased from September 19 1937 to October 10 1937.

I last saw her alive on Oct 10 1937. Death is said to have occurred on the date stated above, at 2.58 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Sigmoid — Date of onset ?

Other contributory causes of importance:

Was an operation performed? Yes Date of 10-1-37

For what disease or injury? Carcinoma Sigmoid

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard B Mayo M. D.

(Address) University Hospital

39851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 F 39851

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 Creek St. 7-3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. 4 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rufus Wilson

If U.S. Veteran specify WAR

(a) Residence: No. 1005 Creek St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Wilson

DATE OF BIRTH (month, day, year) Jan 22 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	4	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Transfer Business

10. Date deceased last worked at this occupation (month and year) Aug. 37

11. Total time (years) spent in this occupation 15 yr

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Wilson

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Sadie Wilson

(Address) 1005 Creek

18. BURIAL, CREMATION, OR REMOVAL

Place Ft. Calvary Date Oct. 11 1937

19. UNDERTAKER Walter B. Spriggs

(Address) 134 W. Hamburg St.

FILED 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct - 7 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 8 . 1937 to Oct 7 . 1937

I last saw h[illegible] alive on Oct 7 1937 Death is said to have occurred on the date stated above, at 2.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis 3 mo -	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Sputum Positive Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) David Druckman M. D.

(Address) 1212 W Lee

)852

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39852

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 E 20th St., 12th Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 1 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Winifred M. Byrne

If U.S. Veteran specify WAR

(a) Residence: No. 411 E 20th St St., 12th Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry J. Byrne

6. DATE OF BIRTH (month, day, year) 8/25/1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	1	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 10/37

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Howard County Md

13. NAME Thomas Clifford

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Nora Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Henry J. Byrne

(Address) 2704 Hamilton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Oct 13 1937

19. UNDERTAKER Margaret E. Flynn

(Address) 1422 Eager St.

20. FILED Oct 13 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-10-1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1937 to Oct 10 1937

I last saw her alive on Oct-9 1937 Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10/6/37
Other contributory causes of importance: Chronic Myocarditis	10/8/37
Edema of Lungs	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) E. Gill Hall M. D.

(Address) 1601 E North Ave

39853 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 39853

CERTIFICATE OF DEATH

1. PLACE OF DEATH Home — Registered No. 1377

CITY OF BALTIMORE: (No. 3313 Hudson St., 26-11 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anton Sahlman — If U. S. Veteran specify WAR

(a) Residence: No. 3313 Hudson St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Anna Sahlman

6. DATE OF BIRTH (month, day, year) April 6 - 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) About 1 year ago — 11. Total time (years) spent in this occupation 10 20

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known (Sahlman)

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Christina Sahlman
(Address) 3103 North Way Drive

18. BURIAL, CREMATION OR REMOVAL
Place Woodland Date 10/13 1937

19. UNDERTAKER Richard F. Cuyley
(Address) 760 E. Eighth Ave

20. FILED Oct 13 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (C.E. Apoplexy)	Oct. 10 1937
Other contributory causes of importance: Dyspepsia several	5 years

Was an operation performed? No Date of

For what disease or injury?

Name of operation. Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

U S 6

39854 E 39854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

193-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1320 S. Charles St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Abbie M Schulte

If U. S. Veteran specify WAR .....

(a) Residence: No. 1320 S Charles St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Ernest W Schulte

6. DATE OF BIRTH (month, day, year) Dec 15 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elkton md

MOTHER FATHER

13. NAME Stephen Schulte

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Cena Mitchell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Ernest W Schulte
(Address) 1320 S. Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Oct 12 1937

19. UNDERTAKER John F Denny
(Address) 415 Light St

20. FILED Oct 13 1937 Harrington Williamson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9 1937

22. I HEREBY CERTIFY, That I attended deceased from September 1936 to October 9 1937
I last saw h~~e~~ alive on October 9 1937 Death is said to have occurred on the date stated above, at 12.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Myocarditis	1936
Other contributory causes of importance:	
Pulmonary oedema	10/5/37
Senility	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Exam Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Isaac Nulle M. D.
(Address) 122 E. Charles St

F 39855 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 39855

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 Gilmor St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Hall

If U. S. Veteran specify WAR .....

(a) Residence: No. 1622 Gilmor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Hall

6. DATE OF BIRTH (month, day, year) 11/20/1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35 36	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER FATHER

13. NAME Joseph Fuller

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Rachel Hawkins

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Rachel Fuller

(Address) 1622 Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 10/11 1937

19. UNDERTAKER Thomas E. Nelson

(Address) 1203 Druid Hill Ave

FILED 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/9 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1937 to Oct 9 1937

I last saw h alive on Oct 7 1937. Death is said to have occurred on the date stated above, at 7A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Phthisis Pulmonalis	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. E. McCard M. D.

(Address) 2029 Druid Hill ave

Arthur Dent

39856 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 39856

CERTIFICATE OF DEATH X 93-C

1. PLACE OF DEATH — Registered No. 4-2

CITY OF BALTIMORE: (No. University Hospital St. 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Artner Dent — If U. S. Veteran specify WAR

(a) Residence: No. Ellicitt City Howard Co. Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Dent

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Janitor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Richard Dent

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sophia Brown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Richard Dent
(Address) Ellicott City

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Gilboa Cem Date Oct. 11 1937

19. UNDERTAKER Easton Bros.
(Address) Ellicott City

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. H. Quillen M. D.

(Address) 2757 Garrison Blvd

V S 6

E 39857

HEALTH DEPARTMENT—CITY OF BALTIMORE

39857 32

CERTIFICATE OF DEATH

1131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.....St., 5 2 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Zoppo

If U. S. Veteran specify WAR .....

(a) Residence: No. 1111 Mc Elderry St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pasquale ~~XXXX~~ Zoppo

6. DATE OF BIRTH (month, day, year) 2-28 96

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Pete Mecuria

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Bossono

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Oct. 13, 1937

19. UNDERTAKER Frank Wells & Son

(Address) 52 N. Morley St.

20. FILED OCT 11 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1937 to Oct 10, 1937

I last saw her alive on Oct 10, 1937 Death is said to have occurred on the date stated above, at 12 57 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis, due to arteriosclerosis.	1927
Arteriosclerosis and hypertension	1933

Other contributory causes of importance:

Parotitis	Oct. 1937
Uremia	Oct. 1937

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? N.P.N. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dorsey G. Luetscher, jr. M. D.

(Address) Johns Hopkins Hospital.

F 39858

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39858

CERTIFICATE OF DEATH 27047 V.34 J.134

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City hospts. St., 22-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mattie Allen

(a) Residence: No. 538 Eislen St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence (D)

DATE OF BIRTH (month, day, year) 8-22-1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	1	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME Spencer Williams

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Harriet Jones

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date Oct-13 1937

19. UNDERTAKER Rayner Sanders
(Address) 1413 E. Preston St

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-9 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-28 1937 to 10-9 1937

I last saw her alive on 10-9 1937 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Renal Calculus and Hydronephrosis	Unknown
Uremia	Unknown
Generalized arteria Sclerosis	Unknown

Other contributory causes of importance:

Was an operation performed? Yes Date of 10-7-37

For what disease or injury?

Name of operation Nephrostomy

What test confirmed diagnosis? Surgery Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. L. Woodward Jr. M. D.

(Address) Balto. City Hosp.

OCT 11 1937

F 39859

39859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26700 JS

15-1469

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Daniel Stevens

(a) Residence: No. 1645 W. North Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Stevens

6. DATE OF BIRTH (month, day, year) 11-30-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME Howard Stevens

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Adeline Kissinger

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Fort Lincoln, Wash. Date D. C. 10/13 37

19. UNDERTAKER Frederick A. Cole

(Address) 1240 W Lombard St.

DATE 1937 Huntington Williams Hyatt

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-9, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-17, 1937, to 10-9, 19..

I last saw h.im. alive on 10-8, 1937. Death is said to have occurred on the date stated above, at 8 40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	few months
Hypertensive cardio-vascular disease	Unknown

Other contributory causes of importance:

Was an operation performed? Yes Date of 10-6-37

For what disease or injury? Carcinoma rectum

Name of operation Colostomy

What test confirmed diagnosis? Pathology Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

F 39860

9860 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals V108 — Registered No. [illegible]

CITY OF BALTIMORE: (No. Bay View St., [illegible] Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? [illegible] yrs. [illegible] mos. [illegible] ds.

2. FULL NAME Joseph Hewton — If U. S. Veteran specify WAR [illegible]

(a) Residence: No. 125 N. Bethel Ave St., [illegible] Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Cora B. Hewton

6. DATE OF BIRTH (month, day, year) Nov 26 1876

7. AGE Years	Months	Days	If LESS than 1 day, [illegible] hrs. or [illegible] min.
60	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Highway Dept

10. Date deceased last worked at this occupation (month and year) Oct 1937

11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Hewton

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Bridget Connelly

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mary Hewton (Address) 125 N. Bethel ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Moreland Park Date Oct 12 1937

19. UNDERTAKER Martin W. E. Lippel (Address) 37 S. Arm st

[illegible] 1937 [illegible] Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	1 year
Embolism	Oct 8-1937
Other contributory causes of importance:	
Lobar Pneumonia	Jan 1937

Was an operation performed? No Date of [illegible]

For what disease or injury? [illegible]

Name of operation Clinical Date of [illegible]

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury [illegible], 19[illegible]

Where did injury occur? [illegible] (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Taken sick while at work

Manner of injury Cross St. & Phila Road

Nature of injury Dead on arrival at hospital

24. Was disease or injury in any way related to occupation of deceased? No If so, specify [illegible]

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

E 39861

39861 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓186-a cc

Registered No. 1872

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., 18-1 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Gates

(a) Residence: No. 837 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Gates
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balt. City Hospitals
(Address) Infirmary

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL OCT 11 1937 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED OCT 11 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia due to falling in gutty face in (Inmate City Hospitals infirmary.	Oct. 4 1937
Other contributory causes of importance: Senile dementia	
Fall, Cause of fall unknown ✓	

Was an operation performed? No ✓ Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Oct. 4, 1937.

Where did injury occur? Foster Ave. between Ellenwood & Hunter
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Gutty

Manner of injury Fall, Cause unknown

Nature of injury Asphyxia, falling in Water

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, Coroner M. D.

(Address) 1712 N. Broadway

3542

V S 6

F 39862

39862 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

√23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 S. Poppleton St. 18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Albert Boyle

If U. S. Veteran specify WAR

(a) Residence: No. 115 S. Poppleton St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Ellen H. Boyle

6. DATE OF BIRTH (month, day, year) Oct 12-1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blocker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hat factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Garrison Boyle

14. BIRTHPLACE (city or town) (State or country) Wilmington Delaware

15. MAIDEN NAME Catherine Young

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. Frank Kutzenberger

(Address) 115 S. Poppleton St.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 10/12/37

19. UNDERTAKER John F. Cowan & Son

(Address) 701 Fulton St.

20. FILED 10 Registrar

OCT 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/8 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1937 to Oct 8, 1937

I last saw him alive on Oct 8, 1937. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1 Yr

Other contributory causes of importance:

None

Was an operation performed? None Date of —

For what disease or injury? None

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Norton M. D.

(Address) 115 W Mon St

✓ F 39863

39863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

139a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital 15-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. 6 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Gerver

If U.S. Veteran specify WAR ...

(a) Residence: No. 1639 Warwick Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

3a. If married, widowed, or divorced: ~~Husband of~~ (or) WIFE of Bernard F. Gerver

6. DATE OF BIRTH (month, day, year) Mar 13, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Emanuel Gross

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary King

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr Bernard F. Gerver

(Address) 1639 Warwick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 10/13/ 1937

19. UNDERTAKER John J Cowhan & Son

(Address) 901 Hollins St

20. FILED 1937 Registrar. Williams H.T.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1937, to Oct 10, 1937

I last saw ~~her~~ alive on Oct 10, 1937. Death is said to have occurred on the date stated above, at 1.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Post Operative)	2 days
Ovarian Cyst	?

Was an operation performed? Yes Date of Oct 5, 1937

For what disease or injury? Ovarian Cyst

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Gilbert E. Rudman, M. D.

(Address) St Joseph's Hospital

935249 F 30864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Hammons If U. S. Veteran specify WAR

(a) Residence: No. Belle Grove Rd St., ... Ward. Brooklyn Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-28-37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (Years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Rollie Hammons

14. BIRTHPLACE (city or town) (State or country) W. Va

15. MAIDEN NAME Marg Cook

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Record
(Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 19

UNIVERSITY MEDICAL SCHOOL OCT 11 1937

19. UNDERTAKER For E. A. Moore
(Address)

20. FILED [illegible] 19 [illegible] Registrar

OCT 11 1937

3816

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 28 1937 to Oct 2 1937

I last saw her alive on Oct 2 1937 Death is said to have occurred on the date stated above, at 320 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity Aspiration of Feeding	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jno M. Haviland M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39865

39865

CERTIFICATE OF DEATH

72-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen. Hosp. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Manik

(a) Residence: No. 2213 E Madison St St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwarda Manik

6. DATE OF BIRTH (month, day, year) March 9, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	7	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

13. NAME Andrew Pospa

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Anna Stuba

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Charles Manik

(Address) 2213 E Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 14 1937

19. UNDERTAKER Frank Gorsch & Son

(Address) 1806 Eastern Ave

20. FILED Registrar.

OCT 1 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 9 1937 to Oct 11 1937

I last saw her alive on Oct 10 1937 Death is said to have occurred on the date stated above, at 5:45 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myeloid Leukemia	
Secondary anemia	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Blood Picture Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Elton Resnick M. D.

(Address) S. B. Gen. Hosp.

29866 ✓ F 39866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26-7160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 133 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Cosser

If U. S. Veteran specify WAR .....

(a) Residence: No. Johns Hopkins Hospital St., 133 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 1, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore & Maryland

FATHER

13. NAME David Cosser

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Norma Baliff

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION OR REMOVAL UNIVERSITY MEDICAL SCHOOL OCT 11 1937 19
Place Date

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED ..... 19.....
Registrar.

OCT 1 1937

F 3913

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1937, to October 2, 1937

I last saw her alive on October 2, 1937. Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra-cranial injury	10-1-37
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) E. W. Quesstrect M. D.

(Address) Johns Hopkins Hospital

9867

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39867

159

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., B2 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Muse

(a) Residence: No. Johns Hopkins Hospital St., B2 Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 1, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Lonie Muse

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Sarah Ford

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL OCT 11 1937 19

COMMISSIONER OF HEALTH

19. UNDERTAKER Per N. A. Moore

(Address)

20. FILED ..... 19 ..... Registrar.

OCT 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 2 1937

22. I HEREBY CERTIFY, That I attended deceased from October 1 1937 to October 2 1937

I last saw him alive on October 2 1937. Death is said to have occurred on the date stated above, at 5:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity.	10-1-37
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) E. W. Overstreet, M. D.

(Address) Johns Hopkins Hospital

11 1937

H 504

✓ F 39868

868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 CC

Registered No. 1872

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Home 615 S Montford Ave St., 1-3 Ward)

Length of residence in city or town where death occurred ... yrs. 3 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Constance Bruca

(a) Residence: No. 615 S. Montford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	✓

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) June 30-1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. ✓ 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frank Bruca

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Eva Sobol

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Frank Bruca
(Address) 615 S. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem Date 10/12 1937

19. UNDERTAKER John M. Feber
(Address) 40 S Chester ave

... 19 ... Registrar.

FILED 10 12 1937

V 5 6

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Oct 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry And that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus	Some time
	2 months

Other contributory causes of importance: Malnutrition

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Chas. E. Wood M. D.
Coroner

(Address) 1712 E. Baltimore St.

39869 V F 39869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 47'23

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Angelo E Yingling
If U. S. Veteran specify WAR. ...

(a) Residence: No. Cockeysville, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Amanda Corbin Yingling

6. DATE OF BIRTH (month, day, year) Sept 12, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	0	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) Oct 1937
11. Total time (years) spent in this occupation Not known

12. BIRTHPLACE (city or town) (State or country) Cockeysville Md

FATHER
13. NAME Jos M Yingling
14. BIRTHPLACE (city or town) (State or country) Cockeysville Md

MOTHER
15. MAIDEN NAME Mary E Allison
16. BIRTHPLACE (city or town) (State or country) Cockeysville Md

17. INFORMANT Mrs C E Yingling
(Address) Cockeysville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cockeysville, Md Date Oct 14, 1937

19. UNDERTAKER Wm. C. Burke & Son
(Address) Sparks, Md.

20. FILED ... 19 ... Registrar

OCT 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by ... find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene Small Intestine	Oct 10, 37

Other contributory causes of importance:

Was an operation performed? Yes Date Oct 10-11-37
For what disease or injury? Gangrene - Intestine
Name of operation Exploratory Laparotomy Date of Oct 10-11-37
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Marie L Wolfe, M. D.
Coroner
(Address) 331 E. North Ave

Spec.—8-16-29—L. F. S.—100 Pks.

F 39870 ✓ F 39870

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-a

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1402 N. Gilmor ST. 15-1 WARD)

2—FULL NAME Samuel Johnson

(a) RESIDENCE NO. 1402 N. Gilmor ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Eliza Johnson

6 DATE OF BIRTH (month, day, and year): Feb. 18-1888

7 AGE: Years 49 | Months 7 | Days 30 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): W.P.A.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Rockingham N.C.

PARENTS

10 NAME OF FATHER: ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant: Eliza Johnson

(Address) 1402 Gilmor St

15 Filed _____, 19 _____ Registrar

DEC 1 1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 8, 1937

17 I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1937, to Oct. 8, 1937, that I last saw him alive on Oct-7, 1937 and that death occurred, on the date stated above, at 8.50 p m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

over

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. Douglas Sheppard M. D.

10-11 1937 (Address) 1003 Myrtle Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cemetery

DATE OF BURIAL: Oct 12 1937

20 UNDERTAKER: Thomas E. Kelson

ADDRESS 1303 Freestman St

39871 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39871

CERTIFICATE OF DEATH

Registered No. 13-7 92-a

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred Life yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify War No Record

2. FULL NAME Joseph S. Bishop

(a) Residence: No. 600 W. 38th St., Balto. Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male White	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maie Isabelle Lucas

6. DATE OF BIRTH (month, day, year) Dec. 20, 1889

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	47	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman U.S.N.

10. Date deceased last worked at this occupation (month and year) 4-22-37

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Arthur W. Bishop

14. BIRTHPLACE (city or town) (State or country) Nova Scotia

MOTHER

15. MAIDEN NAME Anna J. Lennan

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) Records- U.S. Marine Hospital, Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date Oct 13th 1937

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED Oct 14 1937 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 11 . 1937

22. I HEREBY CERTIFY, That I attended deceased from April 23 1937 to October 11 1937

I last saw him alive on October 11 1937 Death is said to have occurred on the date stated above, at 1:30a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease, mitral stenosis	unknown

Other contributory causes of importance:

Was an operation performed? Yes Date of 4-28-37

For what disease or injury? Embolism, arterial, rt. femoral artery

Name of operation Amputation, rt. leg, above knee

What test confirmed diagnosis? Clinical finding Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) I. B. H. Anderson. M. D.

(Address) U. S. Marine Hospital, Balto. Md.

F 39872

39872 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

9-795-13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital St., ... Ward)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Callender

If U.S. Veteran specify WAR Spanish American

(a) Residence: No. 1732 Gorsuch Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of ~~WIFE of~~ George Albert Callender

6. DATE OF BIRTH (month, day, year) Nov 14th 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME William Callender

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Laura Martin

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Sadie J. Callender

(Address) 1732 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Oct 13th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED OCT 12 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10 1937

22. I HEREBY CERTIFY, That I attended deceased from July 26 1937 to Oct 10 1937

last saw h in alive on Oct 10 1937. Death is said to have occurred on the date stated above, at 10 00 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular disease with Congestive Heart Disease.	?

Other contributory causes of importance:

Was an operation performed? Yes Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert E. Redman M. D.

(Address) St. Joseph's Hospital

39873 V F 39873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17-1107-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Volunteers of America Hosp St., Ward.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Fred Brownell
If U.S. Vet. specify War No Record

(a) Residence: No. 406 N. Green St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): May 2 1860
7. AGE: Years 77 | Months 5 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Patuxent Md

FATHER
13. NAME: Edward Brownell
14. BIRTHPLACE (city or town) (State or country): U.S.

MOTHER
15. MAIDEN NAME: Susie Anderson
16. BIRTHPLACE (city or town) (State or country): U.S.

17. INFORMANT: Mrs. Dot Wolf Superintendent
(Address) Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL
Place St Matthews Date Oct 13th 1937

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

REGISTERED OCT 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1937 to Oct 10, 1937
I last saw him alive on Oct 10, 1937. Death is said to have occurred on the date stated above, at 6:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10/6/37
senility	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Leonard M. Hemmeter M. D.
(Address) 418 W. Lexington St
Vol. of America Hosp

39874 **HEALTH DEPARTMENT—CITY OF BALTIMORE** V E 39874

CERTIFICATE OF DEATH

18-3 94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Wm. Boring

(a) Residence: No. Salvation Army (1226 Hollins St.) St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Boring

6. DATE OF BIRTH (month, day, year) 9-14-1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	9 0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 00 50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Painting

10. Date deceased last worked at this occupation (month and year) 1922

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Elias Borning

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Charlotte Kraft

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Balto Date Oct 12 1937

19. UNDERTAKER Wm Cook (Address) 1217 St. Paul St

20. FILED Oct 12 1937 [illegible]

OCT 12 1937 K

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to October 9, 1937

I last saw him alive on October 9, 1937. Death is said to have occurred on the date stated above, at 7.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10-9-37
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. DeSantelle M. D.

(Address) Baltimore City Hospitals

39875 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 39875

CERTIFICATE OF DEATH

12-6 82-a

1. PLACE OF DEATH ~~Baltimore~~ Maryland General Hospital

Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Mary Horner

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2810 Oak St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 7th 1920

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
17	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scholar

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. High School

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edgar S. Horner

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Lucy De Lancy

16. BIRTHPLACE (city or town) (State or country) Orange Co. Va.

17. INFORMANT Edgar S. Horner

(Address) 2810 Oak St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 12th 1937

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

20. Filed OCT 12 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1937, to Oct 9, 1937

I last saw her alive on Oct. 9, 1937. Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombocytopenic Purpura	July, 1937
Intracranial hemorrhage	Oct 9 1937

Other contributory causes of importance:

Was an operation performed? Yes Date of 7-23-37

For what disease or injury? Rt. Osteomyelitis Cyst (Hemorrhagic)

Name of operation Rt. Osteomyelitomy

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) G. L. Ewald M.D.

(Address) Md. Gen'l Hosp.

39876 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 39876

CERTIFICATE OF DEATH

14-192-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 Linden Avenue St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernestine Josephine Knapp

If U. S. Veteran specify WAR .....

(a) Residence: No. 1618 Linden Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed or divorced (or) WIFE of Andrew E. Knapp

6. DATE OF BIRTH (month, day, year) Dec 17-1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME John Hartman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr Andrew E. Knapp

(Address) 1618 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 13 1937

19. UNDERTAKER J. J. Dickinson & Sons

(Address) 2024 Aisquith

20. FILED ..... 19..... Registrar.

OCT 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1937 to Oct 10 1937

I last saw her alive on Oct 10 1937 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	Jan 15 '37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. William Frey M. D.

(Address) 1928 Penna Ave

39877 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39877

CERTIFICATE OF DEATH

15-7 46-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3124 Windsor Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur William Howard

If U. S. Veteran specify WAR

(a) Residence: No. 3124 Windsor Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Ella Elizabeth Howard

6. DATE OF BIRTH (month, day, year) Nov 23-1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture Factory

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

MOTHER FATHER

13. NAME Thos Howard

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

15. MAIDEN NAME Charlotta Moreland

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

17. INFORMANT Mrs. Ethel Hyman

(Address) 3124 Windsor Ave

18. BURIAL, CREMATION, OR REMOVAL Harmony-Calvert Co. Md Date Oct 12 1937

19. UNDERTAKER M. J. Lichtman & Sons

(Address) Mt Lake Md

20. FILED OCT 12 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10th 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22 1937, to Oct. 10 1937

last saw h[illegible] alive on Oct 9 1937. Death is said to have occurred on the date stated above, at 4.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cerebral Hemorrhage	
Antecedent causes	
Morbid conditions, if any, giving rise to the above cause, stating the underlying cause last.	

Other contributory causes of importance:

Chronic myocarditis, arteriosclerosis - Duration unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) , M. D.

(Address)

39878

HEALTH DEPARTMENT—CITY OF BALTIMORE

39878

CERTIFICATE OF DEATH

26592 RHW

15-3107-2

Registered No.....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hosps. St.....Ward) life

Length of residenre in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Abrahan Reiter Pennington Abraham Reiter Pennington U. S Veteran (Specify WAR

(a) Residence: No. 1632 Warwick Ave. St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Unknown~~ Theresa Pennington

6. DATE OF BIRTH (month, day, year) June 18, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garment Worker Cutter 508

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Augustine Pennington

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Anna H. Reiter or Murray

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT City hospitals records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct. 13, 37

19. UNDERTAKER Wm. J. Tickner & Sons
(Address)

20. FILED ....., 19.... [illegible]

OCT 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 11, 1937, to October 10, 1937

I last saw h[illegible] alive on October 10, 1937. Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-7-37

Other contributory causes of importance:

Arteriosclerosis	[illegible]

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical Was there an autopsy? Yes

What test confirmed diagnosis? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. R. DeSaulles, M. D.

(Address) Baltimore City Hospitals

M. D. B 1268-9

F 39879

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39879

CERTIFICATE OF DEATH

1. PLACE OF DEATH 719 E 23d St 1 4-8 50

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Ida Agnes Dowell If U. S. Veteran specify WAR .....

(a) Residence: No. 719 E 23d St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard V Dowell

6. DATE OF BIRTH (month, day, year) May 17, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jno T. Dyer

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Agnes Hanley

16. BIRTHPLACE (city or town) (State or country) Balt. Md

17. INFORMANT Mrs Delaney 719 E 23d St.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Oct 14 1937

19. UNDERTAKER Wm J Tipperstown
(Address) North Balto.

FILED OCT 12 1937 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Breast	1935

Other contributory causes of importance: Heart Condition Heart Cancer

Was an operation performed? ..... Date of .....

For what disease or injury? None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John N Evans M. D.
Coroner

(Address) Coroner

✓ F 39880

39880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 25-1 181

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp Wilkens St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry Fox.

(a) Residence: No. Hazel Ave Lansdowne Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ethel O Fox

6. DATE OF BIRTH (month, day, year) Aug 2 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	2	3.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 9/30/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John A Fox

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Christina Green

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Ethel O Fox

(Address) Lansdowne Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Lansdowne Park, Date 10/12/37

19. UNDERTAKER Harry H. Wilhelm

(Address) 410 Edmondson Ave

20. FILED OCT 12 1937 19 Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to [illegible] death on the day stated above.

(Inquest, autopsy or inquiry) (Inquest, autopsy or inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
2nd & 3rd degree burns	Sept 30
Other contributory causes of importance: Terminal Pneumonia	2 da

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9.30, 1937

Where did injury occur? Lansdowne Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home.

Manner of injury Paint exploded while mixing

Nature of injury 2 & 3 degree burns

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify working at trade when injured

(Signed) M. Hanna Coroner M. D.

(Address) 1822 W Baltimore St

39881 F 39881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12-6 131

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. St., X Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR World War.

2. FULL NAME Thomas J. Travis

(a) Residence: No. 139 Washington St. St., Ward. Cambridge, Maryland.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lavina --- Travis

6. DATE OF BIRTH (month, day, year) October 31, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records- U.S. Marine Hospital, (Address) Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL Place Cambridge Md. Date 10/13/37

19. UNDERTAKER Lewis H Baynum (Address) Cambridge Md.

20. FILED [illegible], 19[illegible] Registrar.

OCT 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 6, 1937 to October 9, 1937.

I last saw him alive on October 9, 1937. Death is said to have occurred on the date stated above, at 9:32 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, chronic, interstitial	unknown
Uremia, acute	"

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clin. Was there an autopsy? no

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible], M. D.

(Address) U.S. Marine Hospital, Balto. Md.

F 39882

39882 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1272

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)
CITY OF BALTIMORE: (No. 3822 E. Bank St., Ward) Home

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Lee Erdbrink If U. S. Veteran specify WAR

(a) Residence: No. 3822 E. Bank St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Barbara Erdbrink

6. DATE OF BIRTH (month, day, year) Feb. 13-1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Feb. 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Erdbrink

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Julia Smith

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Abraham Erdbrink
(Address) 126 S. Edwood Ave.

18. BURIAL, CREMATION OR REMOVAL
Place Oak Lawn Date Oct 13 1937

19. UNDERTAKER Tilly & Zeiler
(Address) 453 N. Howard

20. FILED 19 Registrar

OCT 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry And that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular disease of heart	1 year

Other contributory causes of importance: No history

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Broadway

39883 E 39883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-Acc

Registered No. 1872

1. PLACE OF DEATH Home 1-1

CITY OF BALTIMORE: (No. 1111 S. Streeper St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Tyburck

(a) Residence: No. 1111 S. Streeper St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced HUSBAND (or) WIFE

6. DATE OF BIRTH (month, day, year) Sept 12/1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov 1936

11. Total time (years) spent in this occupation 3 years

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME George Tyburck

14. BIRTHPLACE (city or town) Aberdeen (State or country) Md.

MOTHER

15. MAIDEN NAME Magdalene Distler

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Angie Tyburck

(Address) 1111 S. Streeper St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date Oct. 4 1937

19. UNDERTAKER Lilly & Geiler Inc

(Address) 402 S. Wolfe St

20. FILED Oct 4 1937 Fairfax Funeral Home, Inc.

OCT 4 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism	Oct. 2-1937
Other contributory causes of importance: Valvular disease heart	3 years

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Broadway St.

39884 F 39884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 25322--5-B

5-2

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18yrs mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Cromwell

(a) Residence: No. 421 East St., St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise (D)

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Un.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Benjamin

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Betty Cox

16. BIRTHPLACE (city or town) (State or country) Un.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Fairmount Md '37
Place Pleasant Rest Date 10/13 19

19. UNDERTAKER William A Jackson
(Address) 916 Penna Ave

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1937, to October 9, 1937
I last saw h.. alive on October 9, 1937 Death is said to have occurred on the date stated above, at 2.00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteosclerotic heart disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. L. De Santalla, M. D.

(Address) Baltimore City Hospitals

F 39885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39885

62

8-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., ... Ward)

Length of residence in city or town where death occurred 31 yrs. 0 mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John E. Steinbaugh

(a) Residence: No. 1971 Perlman Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Theresa M. Steinbaugh

6. DATE OF BIRTH (month, day, year) 9-27 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	31	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 6603

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foreman 6603

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. H. Steinbaugh

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary E. Foreman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Theresa M. Steinbaugh

(Address) 1971 Perlman Place

18. BURIAL, CREMATION, OR REMOVAL

Place Maryland Mem. Cem. Date 10-14 1937

19. UNDERTAKER Albert J. Hill Jr.

(Address) 1600 N. Charles St

20. FILED Oct 12 1937 [illegible] Registrar

IN 1937

V 56

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Alcoholism	
Pellagra	
Other contributory causes of importance: Spontaneous Pneumothorax	

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schnitker, M. D. Coroner

(Address) 1919 E. North Ave.

39886 ✓ F 39886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hosp Da 210-M 26-12 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Lomax

(a) Residence. No. Baltimore Co Spaun Pt Rd Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July - 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	05		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

FATHER
13. NAME Patrick Lomax
14. BIRTHPLACE (city or town) (State or country) Cork Co Ire

MOTHER
15. MAIDEN NAME Mamie Raymond
16. BIRTHPLACE (city or town) (State or country) Catonsville

17. INFORMANT Patrick Lomax (father)
ADDRESS Baltimore Co. - Spaun Pt. Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Oct 12 1937

19. UNDERTAKER Robert McWilliams & Son
(Address) 15-15 McElderry St

20. FILED Oct 12 1937 Harold L. Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/8 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The prinripal rause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide or homicide? Accident Date of injury 10/8 1937
Where did injury occur? Spaun Pt Road Manoyunk
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street
Manner of injury Struck by car
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Herbert Bentley M. D.
Coroner
(Address) .....

VS 6
12 1937

39887 HEALTH DEPARTMENT—CITY OF BALTIMORE 39887

CERTIFICATE OF DEATH

27327 JS

12-195-B

Registered No.

1. PLACE OF DEATH Balto. City Hospt.
CITY OF BALTIMORE: (No. ..... St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Daisy Barnes

(a) Residence: No. 131 Welcome Alley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lorraine

6. DATE OF BIRTH (month, day, year) 10-20-1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38 ~~37~~	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME John Allen Washington Simms

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

15. MAIDEN NAME Alice Neight

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Oct 14 1937

19. UNDERTAKER Ernest Pzee
(Address) 137 W Hamburg St

20. FILED ..... 19 ..... By .....
Washington Williams, M.D.

12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 8, 1937, to October 9, 1937

I last saw her alive on October 9, 1937. Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease with acute cardiac failure	9-26-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Sausselle M. D.
(Address) Baltimore City Hospitals

39888 HEALTH DEPARTMENT—CITY OF BALTIMORE 39888

CERTIFICATE OF DEATH 27362--C. 95-B

16-4

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Walter Lane Kraft

(a) Residence: No. 632 N. Fulton Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	DIV.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-19-1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butler Bros

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Walter

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Oct 13 37

19. UNDERTAKER Albert W Deregoy
(Address) 440 E Baltimore St

20. FILED OCT 14 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 9, 1937, to October 11, 1937.

I last saw him alive on October 11, 1937. Death is said to have occurred on the date stated above, at 6:00 A.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 10-9-37

Other contributory causes of importance:

Hypertensive cardio vascular disease

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Sautelle M. D.

(Address) Baltimore City Hospitals

39889 ✓ F 39889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

19-2 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 W. Lexington St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. 3 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Roger F. Gleason

(a) Residence: No. 1405 W Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 11 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Michael Gleason

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Frawley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Catherine Gleason
(Address) 1405 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 10/14/37

19. UNDERTAKER John J. Cowan & Son.
(Address) 901 Fallsway St.

FILED OCT 14 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/10/1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937, to Oct 10, 1937

I last saw h[illegible] alive on Oct 10, 1937. Death is said to have occurred on the date stated above, at 11:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	10 days

Other contributory causes of importance:

Cirrhosis Kidneys.	
Hypertension. Chronic Bright's Disease	

Was an operation performed? None Date of

For what disease or injury? None

Name of operation —

What test confirmed diagnosis? Typical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) H. Thurston, M. D.

(Address) 888 W. Fayette St

39890 HEALTH DEPARTMENT—CITY OF BALTIMORE F 39890

335762

CERTIFICATE OF DEATH

10-2 119

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Townsend If U. S. Veteran specify WAR

(a) Residence: No. 1233 Ashland Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7-30-37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2 mos	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

colored

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Edward

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Selma Wainwright

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem Date 10-13-37

19. UNDERTAKER Boyd & Mamie W. Wright (Address) 1201 Mc Elderry St

FILED OCT 12 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 8th, 1937 to Oct 11, 1937

I last saw h. alive on Oct 11th, 1937 Death is said to have occurred on the date stated above, at 5-15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea (unspecified)	10-1-37
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Hopkins Hospital M.D.

(Address)

✓ F 39891

39891 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

12-1 46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3900 N. Charles St., Ward)

Length of residence in city or town where death occurred 68 yrs. 9 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ann E. Gallagher

If U.S. Veteran specify WAR ...

(a) Residence: No. 3900 N. Charles St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward J. Gallagher

6. DATE OF BIRTH (month, day, year) Dec. 25, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas C. Hay

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) (State or country) Not obtainable " "

17. INFORMANT Miss Marion Gallagher

(Address) 3900 N. Charles Street

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 10/13 37

19. UNDERTAKER Henry H. Means & Son

(Address) 5.. N. Calvert St.

20. FILED OCT 12 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1 1936 to Oct 10 1937

I last saw her alive on Oct 9 1937 Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

Duration of each

Cerebral Thrombosis Jan 1 '37

Other contributory causes of importance:

Was an operation performed? Yes, Date Apl 1936

For what disease or injury? Total hysterectomy for obstruction of pyloric end of Stomach

What test confirmed diagnosis? Clinical Was there autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. O'Neill Kyle Jr. M.D.

(Address) 710 Cathedral St

F 39892 HEALTH DEPARTMENT—CITY OF BALTIMORE F 39892

CERTIFICATE OF DEATH

24-4 186-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. South Balto. General St. Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie G.Mick

If U. S. Veteran specify WAR .....

(a) Residence: No. 1510 Battery Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Simon H.Mick

6. DATE OF BIRTH (month, day, year) May 12, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HW.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph S.Schnaing

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs, Ralph Norum
(Address) 1510 Battery Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross A.R. Date Oct 14, 1937

19. UNDERTAKER Margaret G Flynne
(Address) 1432 Light St.

20. FILED Oct 14, 1937, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Fracture of R.Humerus	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Sept. 22, 1937, 19 .....

Where did injury occur? 1510 Battery Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell on Kitchen Floor

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Working in Home

(Signed) ..... Coroner, M. D.

(Address) 937 N. Howard

V S 6

39893 F 39893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH 15 6-1 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 156 E. East Ave. St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME John A. Slowik

(a) Residence: No. 156 E. East Ave. St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia A. Slowik

6. DATE OF BIRTH (month, day, year) Feb. 11 [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business 1944

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Michial Slowik

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Josephine Strugala

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Julia A. Slowik

(Address) 156 E. East Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cem. Date Oct. 13 ... 19 37

19. UNDERTAKER Stephen J. Pialkowski Inc.

(Address) 1000 S. Kenwood Ave.

20. FILED ... 19 ... Registrar

Oct 12 1937 Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10 . 19 37

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 ... to Oct 10 19 37

I last saw h... alive on [illegible] 19 ... Death is said to have occurred on the date stated above, at 1.05a.m. AM.

The principal cause of death and related causes of importance were as follows: Date of onset

[illegible] 7/16/37

[illegible]

Other contributory causes of importance:

[illegible]

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

[illegible] If so, specify ... M. D.

(Signed) [illegible]

(Address) [illegible]

39894 E 39894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

19-4 97

Registered No.....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1833 Frederick Ave. St., ... Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Christopher Haber

If U. S. Veteran specify WAR .....

(a) Residence: No. 1833 Frederick Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Late Anne I. Haber

6. DATE OF BIRTH (month, day, year) Dec. 5, 1855.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chandler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Haber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anna Hutchinson (Daughter)
(Address) 1833 Frederick Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park (Date) Oct. 13, 1937

19. UNDERTAKER Harry H. Lutzke
(Address) 1101 Edmondson Ave.

20. FILED ..... 19 ..... Registrar

OCT 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1937, to Oct. 11, 1937

I last saw him alive on Oct. 10, 1937. Death is said to have occurred on the date stated above, at 6:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis, thrombosis artery left leg followed by gangrene	Sept 24, 1937
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Morris B. Schreiber, M. D.

(Address) 545 S. Fulton Ave.

F 39895

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39895

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH University Hospital 18-3 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David Edward Hall

(a) Residence: No. 117 Scott St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Anna Hall (nee Kean)
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 25, 1899.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME David E. Hall

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Amelia Burkhardt

16. BIRTHPLACE (city or town) (State or country) Mrs. Anna Hall

17. INFORMANT (Address) 117 E. Scott St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Oct. 29, 1937

19. UNDERTAKER Frank E. Curtis
(Address) 101 Mulberry St.

20. FILED Oct 29 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-10-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 8-26-37 . 19 . to 10-10-37 . 19

I last saw h(im) alive on 10-10-37 . 19 . Death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma of Lung Possibly Bronchogenic	

Other contributory causes of importance:

Was an operation performed? Biopsy Date of

For what disease or injury?

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, state

(Signed) W. Dandy Gerald M. D.

(Address) University Hospital

39896

HEALTH DEPARTMENT—CITY OF BALTIMORE

39896

CERTIFICATE OF DEATH

16-5 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter P. Meinhardt

(a) Residence: No. 2512 Arunah Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Lorelei Meinhardt

6. DATE OF BIRTH (month, day, year) Sept. 27, 1882.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Christopher Meinhardt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Victor A. Meinhardt, (Son)

(Address) 2502 DeDebe Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Pk. Cem. Date Oct. 13 1937

19. UNDERTAKER Harry F. Whitlock

(Address) 1301 Aisquith St.

20. FILED OCT 13 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1937, to Oct. 11, 1937

I last saw him alive on Oct 11, 1937. Death is said to have occurred on the date stated above, at 2:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	2 wks.
Arteriosclerotic cardio-vascular-renal disease, & hypertension.	5 yrs.+
Other contributory causes of importance: Generalized arteriosclerosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Benj. H. Dyaca, M. D.

(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39897

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital — Registered No. X 7-5 53-B

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 24 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mathilda Baynard — If U. S. Veteran specify WAR .....

(a) Residence: No. R.F.D-2 St., Centerville Ward. Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard

6. DATE OF BIRTH (month, day, year) 4-3-81

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Emory Blake

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mathilda Plater

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Centreville Md Oct 13 37
Date 19

19. UNDERTAKER Barnard Reynolds
(Address) 818 Linden Ave

20. FILED OCT 13 1937 Washington Wilmer, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1937 to Oct-12, 1937

I last saw h.. alive on Oct-12, 1937 Death is said to have occurred on the date stated above, at 3 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder	
Pyo and Pyelonephritis	
	2 mo

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) W. S. Thayer Wilmer, M. D.

(Address) Johns Hopkins Hospital

39898 E 39898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-2 87-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ushelby Jones Duke Jr.

If U. S. Veteran specify WAR .....

(a) Residence: No. 28 East Mt. Vernon Pl. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Julia Devine

6. DATE OF BIRTH (month, day, year) Oct 14 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender out

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 10-10-37

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Charles M Duke

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Mary Cunningham

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Nephew
(Address) 410 E. Oliver

18. BURIAL, CREMATION, OR REMOVAL
Richmond Va Date 10/12 37

19. UNDERTAKER Geo A Tapley
(Address) Fulton & Fayette

20. FILED OCT 12 1937 Thomas J. Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Vascular Accident	Oct 11 1937

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Irvine Burke M. D.
Coroner

(Address) 331 E. Lafayette Ave

F 39899

F 39899 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-e

Registered No. 26-11

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 924 S Highland Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vera Lachner

If U. S. Veteran specify WAR

(a) Residence: No. 924 S Highland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Lachner

6. DATE OF BIRTH (month, day, year) Oct. 13, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Henry Wiegand Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT John Lachner

(Address) 924 S. Highland ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mouland Mem. Park Date Oct 13, 1937

19. UNDERTAKER George W. Zickler

(Address) 737 E. Eager St.

20. FILED 19 Registrar.

T 13 1937

S B

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

(Hospital, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel D Wolfe M. D.

(Address) 1331 E. North Ave

39900 F 39900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 112 S. Highland St. 06-10 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Louis A. Heien

If U. S. Veteran specify WAR .....

(a) Residence: No. 112 S. Highland St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 5-1873

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman (085)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Straw Hat Factory

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Herman Heien

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Gohlke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Herman Heien

(Address) 112 S. Highland ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Oct 13, 1937

19. UNDERTAKER George W. Zickler

(Address) 1737 E. Eager St.

20. FILED ....., 19.... Registrar

Burial Permit Issued

OCT 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/20/37, 19..., to 10/9/37, 19...

I last saw him alive on 10/8/37, 19... Death is said to have occurred on the date stated above, at 11.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	2
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy (Was there an autopsy? Yes)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .....Date of injury....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. N. Nelson, M. D.

(Address) 1120 St. Paul St.

(per SH)

39901

HEALTH DEPARTMENT—CITY OF BALTIMORE

39901

CERTIFICATE OF DEATH

1. PLACE OF DEATH An lot in rear of 3835 Orleans St. Registered No. 1877

CITY OF BALTIMORE: (No. ..... St., 76-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Sekora Sr. If U. S. Veteran specify WAR .....

(a) Residence: No. 636 S. Lehigh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Sekora (Dead)

6. DATE OF BIRTH (month, day, year) Aug. 12-1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	1	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail Road

10. Date deceased last worked at this occupation (month and year) Unknown years

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Joseph Sekora Jr.
(Address) 636 S. Lehigh St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem Date Oct 13 1937

19. UNDERTAKER George W Gibbon
(Address) 1737 E. Eager St.

Filed OCT 13 1937 Harry J. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exposure, Accident	Oct. 11-1937

Other contributory causes of importance: Alcoholism 5 or 6 years

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ..... 19.....

Where did injury occur? Rear of 3825 Orleans St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Open lot

Manner of injury Fell while intoxicated

Nature of injury Exposure

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. W. Wood M. D.
Coroner

(Address) .....

V S 6

E 39902

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39902

53-E

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 East Preston St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mirab V Unglaub

If U. S. Veteran specify WAR No Record

(a) Residence: No. 907 East Preston St., Ward.
(Usual place of abode) 33 yrs (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Phelps Unglaub

6. DATE OF BIRTH (month, day, year) Nov 24-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or (State or country) White Hall Maryland

FATHER

13. NAME John Wesley Burns

14. BIRTHPLACE (City (State or country) White Hall Md

MOTHER

15. MAIDEN NAME Eliza A Cooper

16. BIRTHPLACE (city (State or country) Miseberg Md

17. INFORMANT Anne May Lythe

(Address) White Hall Md

18. BURIAL, CREMATION, OR REMOVAL Greenmount Date Oct 15 37

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

20. FILED OCT 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1937 to Oct 12, 1937

I last saw h alive on Oct 11, 1937. Death is said to have occurred on the date stated above, at 1.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno-carcinoma, primary site unknown. Metastases in abdomen, thorax and in other parts of body	1937

Other contributory causes of importance:

Was an operation performed? Yes Date of May 19, 1937

For what disease or injury? Tumor in abdominal wall

Name of operation Excision of tumor

What test confirmed diagnosis? Micro Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert Klingaman, M. D.

(Address) 1216 E. Preston St

OCT 13 1937

39903 F 39903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a cc

Registered No. 1872

1. PLACE OF DEATH Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., 26 Ward

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME John T Fletcher

(a) Residence: No. 1164 Sargeant St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of ~~the WIFE of~~ Elizabeth Fletcher (dead)

6. DATE OF BIRTH (month, day, year) May 1 - 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Thomas Fletcher

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Rachael Horton

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Gladys Ogden

(Address) 1164 Sargeant St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Oct 13 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. Filed Oct 13 1937 Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

adduced by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia Bilateral	3 days
Other contributory causes of importance: Fracture trochanter left femur	Sept. 14-1937

Was an operation performed? Yes Date of Oct. 9-1937

For what disease or injury? Urinary retention, Stricture

Name of operation Catheterization Date of Oct 9-37

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Sept. 14 1937

Where did injury occur? 1164 Sargeant St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell while getting out of bed in dry floor

Nature of Injury Fractured trochanter left femur

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood, M. D.
Coroner

(Address) 1712 N. Broadway

39904

F 39904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St. 28-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR ...

2. FULL NAME Peter Smith

(a) Residence: No. German Aged Home St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie Smith

6. DATE OF BIRTH (month, day, year) October 10, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	88	-	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar & Stationery Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

FATHER

13. NAME Valentine Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Heikel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Records German Aged Home Athol Ave., Irvington

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olive Cem. Date Oct. 14, 1937

19. UNDERTAKER I. Block (Address) 1003 W. Baltimore St.

Filed ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct.1/37, 19... to Oct.12/37. 19... I last saw him alive on Oct.11/37. 19... Death is said to have occurred on the date stated above, at 2.15A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Traumatic fall~~	
Arterio-Sclerosis.	Oct.1/37
	Unknown.

Other contributory causes of importance:

Hypostatic Pneumonia.	Oct.10/37

Was an operation performed? No. Date of ...

For what disease or injury? ...

What test confirmed diagnosis? None. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No.

(Signature) H. Kenney Woods Chem. Dr.

(Address) 933 Hanover St.

Oct 13 1937

39905

HEALTH DEPARTMENT—CITY OF BALTIMORE

39905 #26549

SF

CERTIFICATE OF DEATH

47-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Stallings, James

(a) Residence: No. 9 E. Montgomery St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Martha

6. DATE OF BIRTH (month, day, year) 3/27/1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ocol

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Richard

14. BIRTHPLACE (city or town) (State or country) unk.

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) unk.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Oct 14 1937

19. UNDERTAKER John F Denny
(Address) 715 Light St

20. FILED Oct 13 1937 Thos. W. Williams, Jr. Registrar.

No. 13 1937 6 12

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 3 1937, to October 11 1937

I last saw him alive on October 11 1937. Death is said to have occurred on the date stated above, at 2.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	June 1937
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical Yes

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. Kerr Lattimore M. D.

(Address) Baltimore City Hospitals

39906 F 39906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 Latrobe st St., 12-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ?, yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Reginald Allen

If U. S. Veteran specify WAR .....

(a) Residence: No. 1600 Latrobe St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bobcat

6. DATE OF BIRTH (month, day, year) Mar 10 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	7 6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Andrew Webster

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Georgiana ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mary Allen Boston

(Address) 1600 Latrobe St

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Date Oct 3 '37

19. UNDERTAKER Mrs Lee N. Hallowell

(Address) 1631 Druid Hill Ave

20. FILED Huntington Williams, N.J. Registrar.

OCT 3 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1937, to Oct 9, 1937

I last saw h... alive on Oct 9, 1937 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? Urine Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Thos A. Johnson M. D.

(Address) 2329 Linwood Ave

39907 F 39907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4304 Dewey ave 27-14 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles E Lewis

If U. S. Veteran specify WAR

(a) Residence: No. 4304 Dewey ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walker

6. DATE OF BIRTH (month, day, year) Feb. 24 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	8 7	23 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Secret

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ella Williams

(Address) 4304 Dewey Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Mem. Pk. Date Oct 13 '37

19. UNDERTAKER Mrs. Ella V. Howard

(Address) 162 Druid Hill Ave

20. FILED 19

Registrar

Huntington Williams, M.D.

OCT 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/10 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/13 1937, to 10/10 1937

I last saw h alive on 10/9 1937. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis	
Acute Uremia.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Burk Curtis M. D.

(Address) 2139 Druid Hill Ave

39908

HEALTH DEPARTMENT—CITY OF BALTIMORE

39908

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp) (Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME JOHN WHITE

If U. S. Veteran specify WAR .....

(a) Residence: No. 1536 HARLEM Ave., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie

6. DATE OF BIRTH (month, day, year) Oct. 27, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer do do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Henry White

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Hattie Arington

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Oct 13, 37

19. UNDERTAKER Mrs Katie R Williams (Address) 322 N Schroeder St.

20. FILED Oct 19 37 [illegible] Registrar.

OCT 19 1937.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10. 1937

22. I HEREBY CERTIFY, That I attended deceased from June 22. 1937 to Oct. 10. 1937

I last saw him alive on Oct 10. 1937 Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lung	April 1937
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) L. M. Curtis M. D.

(Address) Baltimore City Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39909

CERTIFICATE OF DEATH

82-F 39909

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2030 Brookfield St. 12 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jennie Katzenell

(a) Residence: No. 2030 Brookfield ave Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Alexander Schmaltz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Schmaltz

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Anna Katzenell

(Address) 2030 Brookfield ave

18. BURIAL, CREMATION, OR REMOVAL 10/13/37

Date 19

Weaver Friendship

19. UNDERTAKER Jack Lewis Fox

(Address) 1439 E. Baltimore St

20. FILED 19

OCT 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/5, 1937 to 10/13, 1937

I last saw her alive on 10/12, 1937 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	10/1/37
Cerebral Hemorrhage	10/5/37
Hypertension	1927

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H Feinberg, M. D.

(Address) 2360 Eutaw Pl

M. D. B. 1268-9

F 39910

39910 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 107-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2110 Ramsay St. 30 Ward)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gustus Kimmel

(a) Residence: No. 2110 Ramsay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louisa Kimmel

6. DATE OF BIRTH (month, day, year) Nov 21 - 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bristle Worker

10. Date deceased last worked at this occupation (month and year) 40

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Ingy R. Stolly

(Address) 306 S. Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Octo 14 1937

19. UNDERTAKER George L. Lehnert

(Address) 2101 Frederick Ave.

20. FILED ..... 19 .....

OCT 13 1937

Registrar.

OCCUPATION IS VERY IMPORTANT. See instructions on back of this certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 11 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 . 1937 to Oct. 11 . 1937

I last saw h live on 10/11/37 Death is said to have occurred on the date stated above, at 2:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days ago
Other contributory causes of importance:	
acute cardiac dilatation	1 day

Name of operation None Date of

What test confirmed diagnosis: Clinical Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin Myers M. D.

(Address) 1020 Wilkens Ave

335-826 O.K - Paul Mytinger M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

39911 119 F 39911

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 26-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Vernon Kelly

(a) Residence: No. 3634 E. Fayette St., St Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/25/37 10/10/37

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3/24	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ditto

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md -

FATHER

13. NAME Emma Hart

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Raymond Kelly

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records. (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Oaklawn Date Oct 13, 37

19. UNDERTAKER John A. Moran (Address) 3000 E. Baltimore St.

OCT 13 1937

20. FILED Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-11-1937

22. I HEREBY CERTIFY, That I attended deceased from 10/11/37, 1937 to 10/11/37, 1937

I last saw him alive on Oct. 11/37 19 10 a Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Nutritional Disturbance	10-1-37
& dehydration	
	over

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Alfred M. Kilcoyne M.D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39912 (MB) F 39912

F 39912

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 1-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marie Leisey

If U. S Veteran specify WAR .....

(a) Residence: No. 101 S. Robinson Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lawrence

6. DATE OF BIRTH (month, day, year) Nov. 20, 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Hartzell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Oct 15 1937

19. UNDERTAKER John Ullmt
(Address) 2005 Orleans St

20. FILED ..... 19..... Registrar.

OCT 13 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1937, to Oct. 12, 1937

I last saw h[illegible] alive on Oct. 12 1937. Death is said to have occurred on the date stated above, at 8:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardio-Vascular Disease	Unknown
Mitral Stenosis + Incompetency	Unknown
Other contributory causes of importance: Cardiac Failure during anesthesia	10/12/37

Was an operation performed? yes Date of 10/12/37

For what disease or injury? Sterilization for Cardiac Disease

Name of operation Modified Pomeroy Sterilization

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Charles L. Hoffman M. D.

(Address) Balto. City Hospitals.

39913

HEALTH DEPARTMENT—CITY OF BALTIMORE

39913

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 726 N Patterson Park Ave (Ward) 23

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Moore

If U. S. Veteran specify WAR .....

(a) Residence: No. 726 N Patterson Park Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leo U. Moore

6. DATE OF BIRTH (month, day, year) Sept 21 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	— 1	19 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Leo Trautmann

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Anna Hehn

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Calbert F. Moore

(Address) 2709 Halcyon ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudenslager Date Oct 13 1937

19. UNDERTAKER Wm. H. Elbert & Son

(Address) 2008 Calhoun St

OCT 13 1937 Huntingtown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1937, 19..... to Oct 10 1937

I last saw her alive on Oct 10 1937 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	Oct 7 37

Other contributory causes of importance:

Chronic Diab. Nephritis, Endocarditis	
Myocarditis Hypostatic	1935

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Adam B Lemmon, M. D.

(Address) 918 N Patterson Park Ave

F 39914

F 39914 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 Wheeler Ave St. 26-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Blank. If U. S. Veteran specify WAR .....

(a) Residence: No. 22 Wheeler Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Era M. Geller

6. DATE OF BIRTH (month, day, year) Nov. 14. 57

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79.	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1873

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Blank

FATHER

13. NAME Charles Blank

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William Zimmerman (Address) 22 Wheeler Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk. Date Oct 13 1937

19. UNDERTAKER [illegible] (Address) [illegible]

OCT 13 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis — Date of onset .....

Other contributory causes of importance: —

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Martin L. Kramer M. D. Coroner

(Address) Coroner.

OCCUPATION is very important. See instructions on back of certificate.

V 56

F 39915

39915 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

82-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1139 Franklin St., 18-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lawrence Jackson

(a) Residence: No. 1139 Franklin St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-28-1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Jackson
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jane Patterson
16. BIRTHPLACE (city or town) (State or country) Gloucester Co Va

17. INFORMANT Ester M Lemmon
(Address) 1139 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Memorial Park Date Oct 14 1937

19. UNDERTAKER Chas. H. Cooper
(Address) 614 S. Calhoun St.

20. FILED 19 Registrar

OCT 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence adduced by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset Oct 10 1937

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) George L. Allen M. D.
Coroner

(Address) 50 Fayette St

OCCUPATION is very important. See instructions on back of certificate.

39916

HEALTH DEPARTMENT—CITY OF BALTIMORE

39916 F

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran, specify WAR .....

2. FULL NAME Harry B. Williams

(a) Residence: No. 1336 N. Calhoun St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Carrie Williams

6. DATE OF BIRTH (month, day, year) Oct 15, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0004

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles E Williams

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

MOTHER

15. MAIDEN NAME Annie Wilson

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

17. INFORMANT Charles E. Williams (father)
(Address) 1330 N Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 10/13/37 19

19. UNDERTAKER Thomas E. Watson
(Address) 1603 Orleans St

20. FILED ..... 19.....
OCT 13 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1937 to Oct 11, 1937

I last saw h[illegible] alive on Oct 11, 1937. Death is said to have occurred on the date stated above, at 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	9-9-37
Meningococcus septicemia	9-10-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Blood smears

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... ; 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Francis D Schwenecker M. D.

(Address) Sydenham Hospital

39917 F 39917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 339 n Bruce St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Fletcher

(a) Residence: No. 339 n Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John M Fletcher

6. DATE OF BIRTH (month, day, year) March 1, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	52	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic 097

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph Jones

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Clementine Cook

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lauretta Ellis (Address) 339 n Bruce

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Oct 15, 1937

19. UNDERTAKER Mrs Katie R. Williams (Address) 323 n Schroeder St.

20. FILED OCT 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1937 to Oct 12, 1937

I last saw her alive on Oct 11, 1937. Death is said to have occurred on the date stated above, at 2:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Sept 26

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H S McCard M. D.

(Address) 2029 Druid Hill Ave

OCCUPATION IS VERY important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

VS 3

39918 ✓ F 39918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 W. Bond St. 7-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Priscilla Waters

(a) Residence: No. 1002 W. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles Waters

6. DATE OF BIRTH (month, day, year) April 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairmont Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Charles Waters
(Address) 1002 W. Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Lion Date Oct 16 1937

19. UNDERTAKER Jno. S. The Gross
(Address) 1418 Ashland Ave

20. FILED OCT 19 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/11, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/2, 1937 to 10/11, 1937

I last saw her alive on 10/9, 1937 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	appros Sept 15
	clinical symptoms

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R. [illegible] M. D.

(Address) 1500 E. Madison St

39919 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 39919

CERTIFICATE OF DEATH 27230--C 95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City nospts. St. 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Biagio Magazzino

If U. S. Veteran specify WAR

(a) Residence: No. 1106 Orleans St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lena (D)

6. DATE OF BIRTH (month, day, year) 4-11-1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Ernest (D)

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Romanic Regment (D)

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records of Balto. City nospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 13-1937.

19. UNDERTAKER Wendell & Lippel
(Address) 1400 E. Eager St.

FILED OCT 13 1937 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 5, 1937, to October 8, 1937

I last saw him alive on October 8, 1937. Death is said to have occurred on the date stated above, at 2:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism	10-7-37

Other contributory causes of importance:
Hypertensive cardiovascular disease Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. de Lamielle M. D.

(Address) Baltimore City Hospitals

F 39920

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39920

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 9-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Arthur H. Secrist

If U. S. Veteran specify WAR .....

(a) Residence: No. 725 Gouguch Ave. St. ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Wh.	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 22, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Levi K. Secrist

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Mary Jane Howard

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mattie Lemmon
(Address) Hanover Pa

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Carmel Cem. Date Oct 15, 1937

19. UNDERTAKER W. A. Feser
(Address) Hanover Pa.

20. FILED OCT 13 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/20/37, 19..., to 10/13/37, 1937

I last saw him alive on 10/12, 19 37. Death is said to have occurred on the date stated above, at 6:19 A.m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset 9/20/37

Other contributory causes of importance:

Chronic Nephritis — ?

Acute Cystitis — 9/20/37

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Robert H. Lives M. D.

(Address) Union Memorial Hospital.

Permit

39924

F 39921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1404 Marshall St. 23-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Catherine Agnes Wells Martel

If U. S. Veteran specify WAR

(a) Residence: No. 1404 Marshall St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f m	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank W Martel

6. DATE OF BIRTH (month, day, year) 1-22-1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Frank Martel

(Address) 1404 Marshall St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Date 10/14 1933

19. UNDERTAKER Leonard Rinsh

(Address) 5305 Harford Rd.

20. FILED ... Registrar. Huntingtown Williams, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/11/33, 19

22. I HEREBY CERTIFY, That I attended deceased from May, 1933 to October 11, 1933

I last saw h.e alive on 10/10/33, 19... Death is said to have occurred on the date stated above, at 7:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the cervix.	2 years.
Other contributory causes of importance: Metastases (general)	May 1933
Cachexia	

Was an operation performed? July 1932

For what disease or injury?

Name of operation Implantation of Radium

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Isaac Miller M. D.

(Address) 1225 N. Charles St.

15 1931 8 15.

39922 F 39922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26773 (MB)

Registered No. 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Marley

(a) Residence: No. 917 N. Vincent St., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/18/37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Marley

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Frances

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Disposed of by Hospital Date ... 19...

19. UNDERTAKER
(Address)

20. FILED ... 19... OCT 13 1937

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Oct 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-7, 1937, to 10 7, 1937

I last saw h[illegible] alive on 10-7, 1937. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

[illegible] Pneumonia Bronchopneumonia

Date of onset

Other contributory causes of importance: Bronchopneumonia

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) [illegible] Goodson, M. D.

(Address) Balt. City Hosp

M. D. B. 1268-9

39923 F 39923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 14th Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Marie Zukowski

(a) Residence: No. 1512 Malster Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 16 - 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49 1888	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) not known

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Mrs Zukie

(Address) 1512 Malster Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Oct 14 1937

19. UNDERTAKER A. Ruley Slade

(Address) 4202 York Road

20. FILED ..... 19..... [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.
OCCUPATION is very important.

V-B 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11, 1937.

22. I HEREBY CERTIFY, That I attended deceased from 6-26, 1937, to 10-11, 1937.

I last saw h..... alive on 10-11, 1937. Death is said to have occurred on the date stated above, at 8.18 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized carcinomatosis	
primary in Breast	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Karl F. Meeh M. D.

(Address) St. Agnes Hospital

E 39924

HEALTH DEPARTMENT—CITY OF BALTIMORE

39924

CERTIFICATE OF DEATH

161-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hosp. .

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Wise

(a) Residence: No. 3302 Taylor Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 6, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME William Henry Wise

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ethel Mcgan

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT William Wise (Father)

(Address) 3302 Taylor Ave

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date 19

19. UNDERTAKER .....

(Address) Hamilton-Fox Mortuary, Inc.

20. FILED Oct 13 1937 Registrar.

VS 3

Body disposed of by Hosp.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to Oct 10 1937

I last saw h.. alive on Oct 10 1937. Death is said to have occurred on the date stated above, at 11 05 A.M.

The principal cause of death and related causes of importance were as follows:

Hemorrhage disease of Newborn 2

Date of onset 10-6-37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. Kenneth Mansfield M. D.

(Address) Md. General Hosp.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39925 F 39925

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 15-11 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susannah D. Macy

If U. S. Veteran specify WAR

(a) Residence: No. 3409 Lynchester Rd, City St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Edward F. Macy

6. DATE OF BIRTH (month, day, year) Mar 9, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Mr. John T. Moffitt

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Miss Rachael S. Hemling

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mrs. Herbert Green
(Address) 3409 Lynchester Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Oct 14 1937

19. UNDERTAKER John C. Mitchell
(Address) 900 Eutaw Place

20. FILED OCT 13 1937 Registrar. Huntington Mitchell, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1937 to Oct. 11, 1937

I last saw h.e.r. alive on Oct 11, 1937 Death is said to have occurred on the date stated above, at 6.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
staphylococcus aureus septicemia	9/24/37
thrombophlebitis, left	10/7/37
bronchopneumonia, rt	9/29/37

Other contributory causes of importance:

Was an operation performed? Yes Date of Sept 30, 1937

For what disease or injury?

Name of operation Thoracentesis

What test confirmed diagnosis? Bloodculture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robert H. Lord M. D.
(Address) Union Memorial Hospital

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK

39926

HEALTH DEPARTMENT—CITY OF BALTIMORE

39926

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4108 Belle Avenue St., 15-10 Ward)

Length of residence in city or town where death occurred 84 yrs. 1 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eleanor F. Atkinson

If U. S. Veteran specify WAR

(a) Residence: No. 4108 Belle Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of William Atkinson

6. DATE OF BIRTH (month, day, year) Apr 3 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Watson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Henrietta Zimmerman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Miss Nellie Atkinson

(Address) 2722 Auchentoroly Terrace

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ Place Loudon Park Date Oct 14 1937

19. UNDERTAKER Wm. J. Fickenscher & Sons

(Address) 1124 Druid Hill Ave

20. FILED OCT 13 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 1937 to Oct 12 1937

I last saw her alive on Oct 5 1937 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follow:

	Duration between onset and death
Senile Myocarditis	8 yrs
Other contributory causes of importance: Arteriosclerosis	10 yrs

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. F. Hartman M. D.

(Address) 6 E. Randall St.

39927 E 39927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2305 Reisterstown Rd 2-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 47 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Julia Allbutt

(a) Residence: No. 2305 Reisterstown Road Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rev. G. Laurence Allbutt

6. DATE OF BIRTH (month, day, year) Dec. 15-1847.

7. AGE Years	Months	Days 26	If LESS than 1 day, ... hrs. or ..... min.
89	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Duties

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) London England

MOTHER FATHER

13. NAME Richard Gunter.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Rev. G. Clement Allbutt

(Address) 2305 Reisterstown Road

18. BURIAL, CREMATION, OR REMOVAL

Place Louden Park Date Oct. 14 1937

19. UNDERTAKER Ingram & Lyter

(Address) 20 W. North Ave

OCT 13 1937 Huntington Pennsylvania

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20. 1937 to Oct 11, 1937

last saw her alive on Oct. 11, 1937 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage Paralysis	8-1-37
Other contributory causes of importance: Bronchial Pneumonia	8-20-37

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Frank Jones M. D.

(Address) 2802 Roslyn Ave

OCCUPATION is very important. See instructions on back of certificate.

39928 F 39928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 7-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1049 N. Broadway St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William V. Preston

If U. S. Veteran specify WAR ...

(a) Residence: No. 1049 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 25 58

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME W. V. Preston

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Hartford Co.

17. INFORMANT Mrs. Miller

(Address) 1049 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem. Date 10-14 19...

19. UNDERTAKER Stephen J. Galloway & Son

(Address) 1000 N. Broadway

10-13-1937 H. E. F. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1934 to Oct 11, 1937

I last saw him alive on Oct 7 1937 Death is said to have occurred on the date stated above, at 6:45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1934
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel B. Wolfe M. D.

(Address) 1331 E. Madison

OCCUPATION is very important. See instructions on back of certificate.

F 39929

HEALTH DEPARTMENT—CITY OF BALTIMORE

39929

CERTIFICATE OF DEATH

210-M

Registered No.

1. PLACE OF DEATH Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7-5 St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Unidentified White man — If U. S. Veteran specify WAR

(a) Residence: No. Unknown St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	DK.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of DK.

6. DATE OF BIRTH (month, day, year) DK

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Journey man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Police Records (Address) North Eastern

18. BURIAL, CREMATION, OR REMOVAL UNIVERSITY MEDICAL SCHOOL Date OCT 13 1937 19

Place

19. UNDERTAKER (Address)

20. FILED OCT 13 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/5 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	10/5

Other contributory causes of importance:

Was an operation performed? Yes Date of 10/3

For what disease or injury? Fract. of Skull

Name of operation Craniotomy Date of 10/3

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Acc. Date of injury 10/5 1937

Where did injury occur? Patapsco Road near Nelson (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Walking along highway & struck by automobile

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Herbert Bayley Carter M. D. (Signature) Coroner

(Address) 710 N. Charles

OCCUPATION is very important. See instructions on back of certificate.

V S G

H-3553

F 39930

39930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 161-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 11-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Meril Patricia Dorsey

If U.S. Veteran specify WAR ...

(a) Residence: No. Woodbine Md St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	A. A.	S

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/6/37

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant Tod

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Provident Hospital Balto Md

MOTHER FATHER

13. NAME Walter Warfield Dorsey

14. BIRTHPLACE (city or town) (State or country) Montgomery Co- Maryland

MOTHER

15. MAIDEN NAME Edna Mae Dorsey

16. BIRTHPLACE (city or town) (State or country) Woodbine Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date OCT 13 1937 19
COMMISSIONER OF HEALTH

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED OCT 13 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 7 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/6 1937 to 10/7 1937

I last saw him alive on 10/7 1937. Death is said to have occurred on the date stated above, at 5:00 A.m.

The principal cause of death and related causes of importance were as follows:

Congenital Atelectasis — Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Lucas C. Johnson M. D.
(Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate.

T 131937

Washington Wire pf 3745

F 39931

HEALTH DEPARTMENT—CITY OF BALTIMORE

39931

CERTIFICATE OF DEATH 26355-CM

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 27-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry McDonald

(a) Residence: No. Pimlico Race Track St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-13-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Help in Stables 0024

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME John McDonald

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME MaryWatton

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL UNIVERSITY MEDICAL SCHOOL Date OCT 13 1937

Place Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED OCT 13 1937 Huntington Williams, Registrar

F 39931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-7, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-2, 1937 to 10-7, 1937

I last saw h.[illegible] alive on 10-6, 1937. Death is said to have occurred on the date stated above, at 24°A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma stomach with metastasis	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE

39932 E 39932 #26953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B SF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 26-5 Ward) 20 yrs

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residenre in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Woods

If U. S. Veteran specify WAR

(a) Residence: No. 6312 O'Donnell St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/14/1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	2	22	

OCCUPATION

8. Trade, profession, or partirular kind of work done, as spinner, weaver, bookkeeper, etr. Teamster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME James, Sr.

14. BIRTHPLACE (city or town) (State or country) Ireland:

MOTHER

15. MAIDEN NAME Margaret Barton

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL OCT 13 1937 19
COMMISSIONER OF HEALTH

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED Huntington Williams, Registrar
OCT 13 1937

H 3551

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-6, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-25, 1937, to 10-6, 1937

I last saw h/ alive on 10-5, 1937. Death is said to have occurred on the date stated above, at 6.45 A. m.

The prinripal rause of death and related rauses of importanre were as follows:

	Date of onset
Arterio sclerotic gangrene right foot	1 week
arterio sclerotic heart disease	Unknown
Cardiac decompensation	2 days

Other contributory causes of importance:

Was an operation performed? Yes Date of 9-30-37

For what disease or injury? Gangrene foot

Name of operation Mid thigh amputation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suiride, or homicide? ..... Date of injury ..... 19.....

Where did injury orrur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. S. Woodward Jr. M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on date of reference.

E 39933

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39933

CERTIFICATE OF DEATH

Registered No. 186-a

1. PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha Watts

If U.S. Veteran specify WAR .....

(a) Residence: No. 125 Charles St., ... Ward. Annapolis Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Oct 1 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57		17,3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Home work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Julia Sternberg
(Address) Annapolis Maryland

18. BURIAL, CREMATION, OR REMOVAL Place St Mary's Annapolis md Date Oct 14 1937

19. UNDERTAKER D I Hopkins
(Address) Annapolis Md

20. FILED OCT 13 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-15-, 1937 to 10-13-, 1937

I last saw her alive on 10-13-1937 Death is said to have occurred on the date stated above, at 9 05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric Thrombosis	10-5-37
Pt. Pulmonary Infarct	10-5-37
Pt. Pyelonephritis	
with Nephrosis	
Other contributory causes of importance:	
Fracture, Rt. Hip	7-1-37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 15, 1937

Where did injury occur? Annapolis
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down steps

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Gilbert E. Kudman M. D.

(Address) St Joseph's Hospital

OCCUPATION is very important. See instructions on back of certificate.

39934 F 39934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1657 West North Avenue St. 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes Josephine Brandmiller

If U.S. Veteran specify WAR .....

(a) Residence: No. 1657 West North Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin J. Brandmiller

6. DATE OF BIRTH (month, day, year) January 19, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Knecht

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Hoover

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Dorthy Brandmiller

(Address) 1657 W North ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date Oct 14 1937

19. UNDERTAKER Pr any mr Pradfield

(Address) 2017 E 22nd St

20. FILED OCT 13 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 20, 1937, to October 11, 1937

I last saw h.er alive on October 11, 1937. Death is said to have occurred on the date stated above, at 11:13 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	1936

Other contributory causes of importance:

Metastasis of lungs, and vertebrae and pelvic bones	Unknown

Was an operation performed? No Date of ----

For what disease or injury? -----

What test confirmed diagnosis? Clinical examination and Xray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 401 East 25th Street

OCCUPATION is very important. See instructions on back of certificate.

E 32744 (Boston) E 39935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

39935

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 1-5 Ward)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Pedro D. Gaskin

If U. S. Veteran specify WAR .....

(a) Residence: No. 138 - 10th St - Bethesda St., Ward Havana Cuba

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year) 10/1/88

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 630

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cuba -

FATHER

13. NAME Michael Gaskin

14. BIRTHPLACE (city or town) (State or country) Cuba

MOTHER

15. MAIDEN NAME Asuncion Rosell

16. BIRTHPLACE (city or town) (State or country) Cuba

17. INFORMANT Records - (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Havana Cuba. Date Oct. 14 1937

19. UNDERTAKER [illegible] (Address) [illegible]

20. FILED [illegible]

OCT 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1937 to Oct 13 1937

I last saw her alive on Oct 13 1937. Death is said to have occurred on the date stated above, at 1.05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis, bilateral apical	1917
tracheal tuberculosis	Dec 1936
generalization of tuberculosis	Feb 16 1937

Other contributory causes of importance:

Was an operation performed? Yes Date of Sept 1932

For what disease or injury? Tuberculosis, pulmonary

Name of operation Pneumothorax, right

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sarah H. Woodside M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 39936

F 39936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 183

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Pier 4 Pratt St St. .... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wilbur Jackson
If U. S. Veteran specify WAR .....

(a) Residence: No. West St Extended Annapolis Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bertha Jackson

6. DATE OF BIRTH (month, day, year) Oct 7 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	0	6	

OCCUPATION

5. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) Oct 1937

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME James M Jackson

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Dora Brantley

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Bertha Jackson
(Address) West St Annapolis, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Annapolis Md Date Oct 15 1937

19. UNDERTAKER [illegible]
(Address) [illegible]

20. Filed ... 19 ... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	Oct 13, 37

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 13, 1937
Where did injury occur? Baltimore Md
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Water place
Manner of injury Drowning
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) [illegible] Coroner M. D.
(Address) [illegible]

State CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

OCT 14 1937

V S 6

39937

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39937

CERTIFICATE OF DEATH

9-5 √50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 E. 33rd St., Ward)

Registered No. ....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eliza Abbie Hull

If U.S Veteran specify WAR ...

(a) Residence: No. 707 E. 33rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) Nov. 30, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Union Telegraph Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ---
Maryland

FATHER

13. NAME Americus K. V. Hull

14. BIRTHPLACE (city or town) (State or country) ---
Maryland

MOTHER

15. MAIDEN NAME Abbie V. Rice

16. BIRTHPLACE (city or town) (State or country) ---
Vermont

17. INFORMANT Mrs. Iloyd Dorsey Jr.
(Address) 638 E. 33d. Street

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Frederick, Md. Date 10/14 1937

19. UNDERTAKER Henry H. Mears & Son
(Address) 505 N. Calvert St.

20. FILED OCT 14 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1937, to Oct 12, 1937

I last saw h[illegible] alive on Oct 12, 1937. Death is said to have occurred on the date stated above, at 6 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	4yr
Carcinoma of Liver, Lungs, stomach	

Other contributory causes of importance:

Pneumonia

Was an operation performed? yes Date of Aug 1936

For what disease or injury? Carcinoma breast

What test confirmed diagnosis? Opsis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. N. Bishop, M. D.

(Address) 527 Sheridan Av

MAKE CAUSE OF DEATH in plain terms. Indefinite terms and abbreviations will not be accepted. OCCUPATION is very important. See instructions on back of certificate.

39938

HEALTH DEPARTMENT—CITY OF BALTIMORE

39938

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. 424 Druid Hill Ave St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jennie Schreinoff

If U. S. Veteran specify WAR .....

(a) Residence: No. 424 Druid Hill Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~HUSBAND OF~~ (or) WIFE of Late Adolph

6. DATE OF BIRTH (month, day, year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME David Davidson

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT D. W. Davidson

(Address) 506 N Eutaw st

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Washington Rd Date Oct 14 1937

19. UNDERTAKER Sol Levinson Bro.

(Address) 1124-11 W Mt Royal Ave

20. FILED 19 ..... Registrar

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from October, 1936 to October 13, 1937

I last saw h.. alive on October 13 1937 Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	1934
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1935

For what disease or injury? Carcinoma of Colon

Name of operation Partial Resection of Colon

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) David Levner M. D.

(Address) 101 W. Read St

OCCUPATION is very important. See instructions on back of certificate.

F 39939

39939 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39939

CERTIFICATE OF DEATH

174

Registered No. 12-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Wilbert Rine

(a) Residence: No. 454 E Federal St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 8 - 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edward Rine

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mamie Blumford

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Edward Rine
(Address) 454 E Federal St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Oct 14 1937

19. UNDERTAKER Rayner Sanders
(Address) 1413 E. Preston St

20. FILED OCT 14 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab wound of Heart	Oct 10
	37

Other contributory causes of importance: no

Was an operation performed? none Date of

For what disease or injury

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accidentally Date of injury Oct 10, 1937

Where did injury occur? 1 W. Cor Federal & Broadway
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place public place

Manner of injury Stab wound of heart

Nature of injury with pocket knife

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen, M. D.

(Address) 50 Monument St

state CAUSE OF DEATH in plain terms, so that it may be properly coded. See instructions on back of certificate.
OCCUPATION is very important.

F 39940

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39940

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (Street) 4 (Ward) 2

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sumner Vincent

(a) Residence: No. Sumner Station St., Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nannie Vincent

6. DATE OF BIRTH (month, day, year) Aug 11 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Littleton N C

FATHER

13. NAME Fred Vincent

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Mary Sledge

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Nannie Vincent

(Address) Sumner Station Md

18. BURIAL, CREMATION, OR REMOVAL

Place Littleton N C, Date Oct 15, 1937

19. UNDERTAKER Robert W Williams

(Address) 1515 N Eden St

20. FILED Oct 15 1937 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) And that said deceased came to h[illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	[illegible]
Other contributory causes of importance: Essential Hypertension	[illegible]

Was an operation performed? — Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D. Coroner

(Address) 50 Pleasant St

State CAUSE OF DEATH in plain terms, so that it may be properly coded. Date of injury and OCCUPATION is very important. See instructions on back of certificate.

V S e

F 39941

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39941

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 905 what ave at St., 16-3 Ward)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Willie Tillery

If U. S. Veteran specify WAR .....

(a) Residence: No. 905 what ave at St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-25-1917

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wallace N. C.

FATHER

13. NAME Lindsey Tillery

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Florence Herring

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Florence Tillery (Address) 905 W what ave

18. BURIAL, CREMATION, OR REMOVAL

Place W.L. Cultura Date 10-15 1932

19. UNDERTAKER Edward W. Fisher & Son (Address) 838 N. Gilmor

20. FILED OCT 17 1932 by [illegible] Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1932, to Oct 12, 1932

I last saw h[illegible] alive on Oct 12, 1932 Death is said to have occurred on the date stated above, at 11:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) O. W. Pilgrim M. D.

(Address) 1536 W. Lanvale St

39942 F 39942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Sinai Baltimore Hos 210 M ✓ Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 17-1 Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julia Moses Barnes If U. S. Veteran specify WAR .....

(a) Residence: No. 905 Pa Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 15 1908

7. AGE	Years	Months	Days	If LESS than 1 day..... hrs. or ..... min.
	29	1	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tobacco
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60 20
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Princess Anne Va

FATHER
13. NAME Irving Barnes
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Sarah Patton
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Foby (Address) 928 Columbus St Pia

18. BURIAL, CREMATION, OR REMOVAL Pine Lawn Va Date Oct 14 1937

19. UNDERTAKER Mrs Lottie M Elliott, daughter (Address) 1120 N Broadway Baltimore Md

20. FILED OCT 14 1937 Huntington Wallace Registrar

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/10/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows: — Date of onset

Shock
Inj Ulna Fibula
Lt Corsp.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 10/10 1937
Where did injury occur? Garfield Mass (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street
Nature of injury Hit & Run driver
How injury occurred Was walking on street

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Nathan Gray Davis M. D.
Coroner
(Address) 907 N Charles

State CAUSE OF DEATH in plain terms, so that it may be properly classified. State whether or not OCCUPATION is very important. See instructions on back of certificate.

F 39943 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 39943

CERTIFICATE OF DEATH

11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3903 Dolfield Ave St. 15-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Thomas Rommel

If U. S. Veteran specify WAR

(a) Residence: No. 3903 Dolfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of M. Josephine Rommel

6. DATE OF BIRTH (month, day, year) Nov 3 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. Maintenance & Material

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R

10. Date deceased last worked at this occupation (month and year) Oct 11 1937

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Coatesville Pa

FATHER

13. NAME George Rommel

14. BIRTHPLACE (city or town) (State or country) Reading Pa

MOTHER

15. MAIDEN NAME Mary Elizabeth Sands

16. BIRTHPLACE (city or town) (State or country) Reading Pa

17. INFORMANT M. Josephine Rommel

(Address) 3903 Dolfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Wilmington Del Date Oct Nov 37

19. UNDERTAKER Henry H. Amsacker

(Address) 4204 Ridgewood Ave

20. FILED 19 Registrar

OCT 14 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12 1937 to Oct. 13 1937

I last saw him alive on Oct. 13 1937. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Heart Failure	10/13/37
Other contributory causes of importance: Diabetes Mellitus	10/1/37

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. E. Fulton M. D.

(Address) 5 E. Lanvale St.

F 39944

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39944

CERTIFICATE OF DEATH

11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 Eiselen st St., 22 Ward 2)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Garrett

(a) Residence: No. 614 Eiselen st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Garrett

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Cedric Dobson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Nellie Wobson.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary B. Hill

(Address) 609 W. Lee st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date Oct 14, 1937

19. UNDERTAKER Watts B Sprigg

(Address) 3911 Hamilton Ave

OCT 14 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1937 to Oct 11, 1937.

I last saw her alive on Oct 11, 1937. Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	10/6/37

Other contributory causes of importance: none

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robinson Jones M. D.

(Address) 614 S. Eiselen st

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Even when disease of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 39945

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39945

CERTIFICATE OF DEATH

192-a CC

Registered No. 1877

1. PLACE OF DEATH Daughters Home

CITY OF BALTIMORE: (No. 905 S. Linwood Ave. St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 8 mos. 2 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mary J. Marsheck (MARSHECK) If U. S. Veteran specify WAR

(a) Residence: No. 905 S. Linwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Marsheck

6. DATE OF BIRTH (month, day, year) Feb. 10 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) Many years

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Lindemore

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Mathilda Curry (daughter)
(Address) 905 S. Linwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Mt. Carmel Cemetery Date Oct. 14, 1937

19. UNDERTAKER HENRY SANDER & SONS, INC.
(Address) Baltimore & Broadway.

FILED OCT 14 1937 Huntington Williams, Registrar.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 12 , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	3 Years
Other contributory causes of importance: Dyspnea, Hypertension	1 Year

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury ✓ , 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood Coroner M. D.

(Address) 1712 N. Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39946

HEALTH DEPARTMENT—CITY OF BALTIMORE

39946

CERTIFICATE OF DEATH

148

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 N. Caroline St. St., 10-2 Ward)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Stanley

(a) Residence: No. 822 N. Caroline St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Earnest Stanley

6. DATE OF BIRTH (month, day, year) Dec. 15, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Newmarket S.C.

FATHER

13. NAME Sam Stanley

14. BIRTHPLACE (city or town) (State or country) Newmarket S.C.

MOTHER

15. MAIDEN NAME Mary Houston

16. BIRTHPLACE (city or town) (State or country) Newmarket S.C.

17. INFORMANT Earnest Stanley
(Address) 822 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL Oct 15 37
Place Newmarket S.C. State

19. UNDERTAKER Robert H. Young
(Address) 804 N. Caroline St.

20. FILED OCT 14 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1937 to Oct 12 1937

I last saw h[illegible] alive on Oct 12 1937 Death is said to have occurred on the date stated above, at 9:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix Uteri & generalized Carcinoma	June 1937
Other contributory causes of importance: Metastasis to intestines & Partial Obstruction	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Was there an autopsy? no

What test confirmed diagnosis? Physical & Path

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R. H. Young M. D.

(Address) 1424 E. Monument St.

OCCUPATION is very important. See instructions on back of certificate.

39947

HEALTH DEPARTMENT—CITY OF BALTIMORE

39947

CERTIFICATE OF DEATH

89-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 1600-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence In city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Oliver Leon Jackson

If U. S. Veteran specify WAR

(a) Residence: No. 1510 W. Lafayette Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 29, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME David Jackson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Theresa Williams

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT David Jackson

(Address) 510 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 10-17 1935

19. UNDERTAKER Norman E Nelson

(Address) 363 Preston St

20. FILED 19 Registrar.

OCT 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10. 12. 1935

22. I HEREBY CERTIFY, That I attended deceased from 9. 24. 1935 to 10. 12. 1935

I last saw h alive on 10. 12. 1935 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus meningitis	9.25.35

Other contributory causes of importance:

Cerebral edema, Collateral	9.27.35

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James D. Carr M. D.

(Address) 515 Mosher St

OCCUPATION is very important. See instructions on back of certificate.

F 39948 HEALTH DEPARTMENT—CITY OF BALTIMORE F 39948

CERTIFICATE OF DEATH

95-B

Registered No. 6-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? 26 yrs. mos. ds.

2. FULL NAME Fannie Rothstein

If U. S. Veteran specify WAR

(a) Residence: No. 100 Chester st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Simon

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
94			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel Rothstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Stella

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT David Rothstein

(Address) Forest Station

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Rd Date 10-14-37

19. UNDERTAKER Jos. Levin Sons

(Address) 1439 E Balto.

20. FILED OCT 14 1937 Hunter's Lane Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937 to Oct 14, 1937

I last saw her alive on Oct 14, 1937. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Ht. Disease	2 yrs.
Bronchopneumonia	10 d.
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Isaac Barber M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 39949

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39949

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2705 Springhill Ave 5-1 (Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Edith Edlavitch

(a) Residence: No. 2705 Springhill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dr. Edlow

(Address) 2355 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place Herrwig Run Date 10/14 1937

19. UNDERTAKER Jack Lewis Inc

(Address) 1439 E. Fayette St.

20. FILED Huntington Williams, M.D.

OCT 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/13 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10 1937 to October 13 1937

I last saw her alive on October 13 1937 Death is said to have occurred on the date stated above, at 8:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10/10
hypocardial insufficiency	9/25
Other contributory causes of importance: Coronary thrombosis	9/24/37

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Ernest L. Edlow M. D.

(Address) 2353 Eutaw Place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39950

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39950

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No.) Hebrew Home for Aged St. 27th Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Jacob Kaunk

If U. S. Veteran specify WAR

(a) Residence: No. Belvedere & Greenspring Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70 74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Kaufman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Kaufman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sigmund Feinblatt

(Address) Belvedere & Greenspring Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Levindale Date 10-14-37

19. UNDERTAKER Cook Funeral Home

(Address) 1439 E. Baltimore St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-13, 1937, to 10-14, 1937

I last saw h... alive on 10-14, 1937. Death is said to have occurred on the date stated above, at 5.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Mitral Stenosis	
Aortic Stenosis	
Other contributory causes of importance:	
Cor Bronchitis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Edmund Levin M. D.

(Address) Levindale

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39951

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39951

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ..... St. 1-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 45 yrs. ..... mos. ..... ds.

2. FULL NAME James Fox

If U. S. Veteran specify WAR ....

(a) Residence: No. 2103 E. Lombard St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rae

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glazer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Judah

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 10/14/37

19. UNDERTAKER Jack Berg Inc
(Address) 1439 E. Baltimore St

20. FILED ..... 19..... Registrar

OCT 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1937, to Oct. 14, 1937.

I last saw h.. alive on Oct. 14, 1937. Death is said to have occurred on the date stated above, at 6:45A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10/13/37
Left hemiplegia	10/8/37
	over
Other contributory causes of importance:	
Hypertension	10 yrs.
arteriosclerosis	

Was an operation performed? Not Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Herbert M. Gerstenhaber, Jr. M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 39952

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39952

CERTIFICATE OF DEATH

11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenhurst Hospital St., 16-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Roland Butler

If U. S. Veteran specify WAR .....

(a) Residence: No. 947 N. Mount St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 21, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Butler

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Jennie Campbell

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mother (Address) Same

18. BURIAL, CREMATION, OR REMOVAL UNIVERSITY MEDICAL SCHOOL OCT 14 1937

Place ..... Date .....

Commissioner of Health

19. UNDERTAKER Per H. A. Hogre (Address) Huntingtown, Md.

20. FILED Oct 14 1937 Huntingtown, Md. Registrar.

OCT 14 1937 Huntingtown, Md. (3056)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1937 to Oct 6, 1937

I last saw h. alive on Oct 6, 1937 Death is said to have occurred on the date stated above, at 7 50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza bacillus meningitis	Oct 2 1937
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Spinal punctures

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis T. Schwentker M. D.

(Address) Lyndenhurst Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

F 39953

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39953

CERTIFICATE OF DEATH.

159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital WARD)

2-FULL NAME Baby Girl Talkins

(a) RESIDENCE NO. Oakridge, Md. ST., WARD ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced. (write the word) infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of infant

6 DATE OF BIRTH (month, day, and year) Oct 9, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			one.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) University Hospital Balto Md

PARENTS

10 NAME OF FATHER David Lloyd Talkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Spencer Pl Md

12 MAIDEN NAME OF MOTHER Estelle Greco

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Estelle Talkins (Address)

15 Filed OCT 14 1931, 19 H. E. Tew Williamsville, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 9, 1931, to Oct 10, 1931, that I last saw h[illegible] alive on Oct 10, 1931, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Prematurity

Congenital Malformations

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Warren Albrittain, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY MEDICAL SCHOOL DATE OF BURIAL OCT 14 1931

20 UNDERTAKER Commissioner of Health ADDRESS

Per H. A. Moore

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

OCT 14 1931

E 39954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 39954

108

Registered No. .....

1. PLACE OF DEATH Church Home Infirmary

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 6-5 Ward)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Miss Mary Gaydos

(a) Residence: No. Twin Rocks Penn St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) March 1920

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	6	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Minsper Pa.

FATHER

13. NAME Steve Gaydos

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Mary Zso

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Steve Gaydos

(Address) Box 243 Twin Rocks Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Twin Rocks Pa Date 10/14 37 19

19. UNDERTAKER H. Lander & Sons Inc

(Address) 1310 East St

20. FILED T 14 1937 19 Registrar

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/13/37 19

22. I HEREBY CERTIFY, That I attended deceased from 10/12/37, 19 to 10/13/37, 19

I last saw her alive on 10/13/37, 19 Death is said to have occurred on the date stated above, at 11 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bar Pneumonia	10/6/37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Wesley J. Ketz M. D.

(Address) Church Home & Inf.

Spec.—1-12-23—M&T—500 Blks.

✓ F 39955

39955

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3135 (Gough) ST. (16-8) WARD)

2-FULL NAME Emma Astrid Maier

(a) RESIDENCE NO. 3135 Gough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Maier

6 DATE OF BIRTH (month, day, and year): Cupid 1881

7 AGE — Years: 56 — Months: 6 — Days: — If LESS than 1 day, hrs or min:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer): Home

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Smyrna Del.

PARENTS

10 NAME OF FATHER: Josef Bradley

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Emma Stevens

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Scotland

14 Informant: Mrs Frank Maier

(Address) 3135 Gough St

15 Filed 10-14-1937, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 14 19 3

17

I HEREBY CERTIFY, That I attended deceased from Oct 2nd 19 37 to Oct 14 19 37

that I last saw her alive on Oct 13 19 3

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary): Interstitial nephritis arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

(What test confirmed diagnosis?) Findings

(Signed) J. H. MacMurchy M. D.

. 19 (Address) 1116 Greenmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: 10-16 19 3

20 UNDERTAKER: Gilbert L. Neff — ADDRESS: 1606 N Charles St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

T 14 1937

39956 HEALTH DEPARTMENT—CITY OF BALTIMORE F 39956

CERTIFICATE OF DEATH 27306 (MB) 46-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Poindexter

(a) Residence: No. 427 S. Bond St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) 4/2/1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Tony (d)

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Virginia

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Elmer Cem Town Date Oct. 14 1937

19. UNDERTAKER Wm. H. Holland.
(Address) 1001 Druid Hill Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 7, 1937, to October 9, 1937

I last saw h alive on October 9, 1937. Death is said to have occurred on the date stated above, at 5 05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lacombe M. D.

(Address) Baltimore City Hospitals

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

OCT 11 1937

11

F 39957

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39957

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2008 W. Lanvale St. St. 16-4 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles E. Potter.

If U. S. Veteran specify WAR None

(a) Residence: No. 2008 W. Lanvale St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rosa A. Potter.

6. DATE OF BIRTH (month, day, year) October 19-1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "Granite". 2073

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME Henry Potter.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Rosa A. Potter.
(Address) 2008 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Meadowridge Cem. Date Oct. 15- 37.

19. UNDERTAKER Charles J. Schwob.
(Address) 525 N. Monroe St.

20. FILED ..... By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1937 to Oct 12, 1937

I last saw h.. alive on Oct 12, 1937 Death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	2 yrs
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Leon P. Kochman M. D.
(Address) Ellicott City, Md

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 39958

39958

HEALTH DEPARTMENT—CITY OF BALTIMORE

53-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave Ward) Dist 1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Mary Bradley

(a) Residence: No. Pylesville, Md Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Daniel Bradley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sarah B—

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sus. McCloskey

(Address) 1713 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place St Johns Long Green Date 10/16/ 1937

19. UNDERTAKER John A. Moran

(Address) 3001 E Baltimore St

10/14/1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 3, 1937, to October 12, 1937

I last saw her alive on October 12, 1937 Death is said to have occurred on the date stated above, at 5:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Other contributory causes of importance:	over
Acute Renal tumor	?

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H A Carr M. D.

(Address) St Agnes Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39959

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39959

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3133 Stafford St. St., 20-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Sullivan
If U. S. Veteran specify WAR
(a) Residence: No. 3133 Stafford St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Michael Sullivan

6. DATE OF BIRTH (month, day, year) Nov. 25th. 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	10	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER
13. NAME John B. Warns
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Mary Fledderman
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Michael Sullivan
(Address) 3133 Stafford St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date 10/16/37 19

19. UNDERTAKER John J. Cowan & Son
(Address) 901 Hollins St.

20. FILED 19 Registrar.

OCT 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/13.37, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 11 - 1937, to Oct 13 - 1937
I last saw h[illegible] alive on Oct 13 - 1937. Death is said to have occurred on the date stated above at 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis; Asthenia Senilis	
Chronic Interstitial Nephritis	
Acute Cardiac Dilatation	

Other contributory causes of importance: Pulmonary Edema

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Marshall Nichols M. D.
(Address) 2151 Wilkens Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 39960

F 39960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital) - 3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town (where death occurred 30 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Anton Maronek

If U. S. Veteran specify WAR .....

(a) Residence: No. 2332 E. Eager St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Divorced

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Theresa Maronek

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Joseph Maronek

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Joseph Sisolak

(Address) 2332 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct. 15 1937

19. UNDERTAKER Frank Leach & Son

(Address) 1900 Ashland Ave.

20. FILED ... 19 ... Registrar.

OCT 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 12, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) did find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Was an operation performed? Yes Date of 10/12/37

For what disease or injury? Fractured Skull.

Name of operation Sub-Temporal decompression Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/10/ 1937

Where did injury occur? 2326 E. Eager St. - Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fell off a scaffold

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Emil Schreiber, M. D.

Coroner

(Address) 1912 E. North Ave.

Information should be entered on this certificate, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

39961 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 39961

CERTIFICATE OF DEATH 26080 JS

1. PLACE OF DEATH — Registered No. 9-5 13

CITY OF BALTIMORE: (No. Balto. City Hospt. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret McCabe — If U. S. Veteran specify WAR

(a) Residence: No. 931 Gorsuch Ave. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas McCabe

6. DATE OF BIRTH (month, day, year) 2-27-1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME William Tulley

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Winifred Flanagan

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Moreland Mem'l Date 10/16 1937

19. UNDERTAKER C. Vernon Lemmon. (Address) 4611 Park Heights

20. FILED OCT 14 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 23, 1937, to October 12, 1937

I last saw her alive on October 12, 1937. Death is said to have occurred on the date stated above, at 5:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. G. de Sautelle, M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 9-9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....da. How long in U. S. If of foreign birth? ....yrs. ....mos. ....da.

2. FULL NAME Frank Luttmer

If U.S. Veteran specify WAR .....

(a) Residence: No. Liberty Rd. Woodlawn Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 20, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 088
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Herman B. Luttmer
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Oberman
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph Luttmer
(Address) Woodlawn Md.

18. BURIAL, CREMATION, OR REMOVAL St. Charles Pikesville Date Oct. 15, 1937

19. UNDERTAKER Martin Faber & Sons
(Address) 1827 W. North Ave.

20. FILED Huntington Williams, Dpty

OCT 14 1937

11

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1937 to Oct 12, 1937.

I last saw him alive on Oct 12, 1937 Death is said to have occurred on the date stated above, at 10 05 m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1935
Other contributory causes of importance: Secondary Anemia	1937
Inanition	1937

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Gilbert E. Rudman M. D.

(Address) St. Joseph's Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39963

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39963

159

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St., 4-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby boy Dunbar

If U. S. Veteran specify WAR .....

(a) Residence: No. ..... St., Cole Md. St. Mary's Co. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 3 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Warren Dunbar

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Ridgel

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Father

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place St Johns St Marys Co Md Date Oct 10 1937

19. UNDERTAKER W. K. Dunbar

(Address) Parkton.

20. FILED ..... 19.... Registrar

OCT 4 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1937 to Oct 1 1937

I last saw him alive on Oct 3 1937 Death is said to have occurred on the date stated above, at 8 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry [illegible] M. D.

(Address) Mercy Hospital

INSTRUCTIONS: State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39964

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39964

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital Balto. Ward) 7

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Oscar Gorsuch

If U. S. Veteran specify WAR .....

(a) Residence: No. 2804 Alameda Blvd. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Gorsuch.

6. DATE OF BIRTH (month, day, year) Sept 23, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	—	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sas + E. L. Co

10. Date deceased last worked at this occupation (month and year) Oct 5-37

11. Total time (years) spent in this occupation 34 yrs

12. BIRTHPLACE (city or town) (State or country) Trappe Md

FATHER

13. NAME James Gorsuch

14. BIRTHPLACE (city or town) (State or country) Oxford Md

MOTHER

15. MAIDEN NAME Jennie Lloyd

16. BIRTHPLACE (city or town) (State or country) Talbot Md

17. INFORMANT Mrs Elizabeth Gorsuch (Address) 2804 Alameda

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Oct 16, 1937

19. UNDERTAKER Geo W Settle (Address) 2700 Edmondson Ave

20. FILED OCT 14 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-6-37, 19..., to 10-13-37, 19...

I last saw him alive on 10-13-37 19... Death is said to have occurred on the date stated above, at 6:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Acute Appendicitis,	10-5-37
Generalized Peritonitis	10-5-37
Partial Phrenic-ectomy	10-6-37
Cardiac-renal failure	10-11-37

Other contributory causes of importance:

Was an operation performed? YES Date of 10-6-37

For what disease or injury? RUPTURED APPENDIX

Name of operation Appendectomy

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter Bernstein, M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 39965

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39965

94-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH CITY OF BALTIMORE: (No.) 2129 W. North ave St., (Ward) 15-3

Length of residence in city ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Dr. E. Miles Wheeler

(a) Residence: No. 2129 W. North ave St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. Jennie E. Wheeler

6. DATE OF BIRTH (month, day, year) March 30, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 05

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

FATHER

13. NAME William Wheeler

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

MOTHER

15. MAIDEN NAME Veronica Schaefer

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

17. INFORMANT Mrs. Jennie E. Wheeler

(Address) 2129 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date 10/16 1937

19. UNDERTAKER Geo. W. Little

(Address) 2102 Edmondson ave.

20. FILED OCT 14 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... and that said deceased came to death on the day stated above. 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Lamb Carey M. D.

(Address) 1215 Harlem Ave Coroner

information should be carefully supplied. AGE should be stated EXACTLY. If unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 14 1937

V S 6

E 39966

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39966

CERTIFICATE OF DEATH

164-a

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 1011 S. Kenwood Ave. St., 1 — 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 Yrs. 6 mos. 26 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Barnes

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1011 S. Kenwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) March 17-1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steelworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Mill

10. Date deceased last worked at this occupation (month and year) Not for 2 years

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John W. Barnes

14. BIRTHPLACE (city or town) (State or country) S. Carolina

MOTHER

15. MAIDEN NAME Julia Long

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs Thos. Dorothea (Address) 529 Allegheny Ave. Towson

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date Oct 15th 1937

19. UNDERTAKER Wm Cook (Address) 1207 St Paul St

FILED OCT 15 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia due to Carbon-Monoxid gas from gas pipe he had opened the cups himself. Suicide	Oct. 13-1937
Other contributory causes of importance: No history	

Was an operation performed? No. Date of ✓

For what disease or injury? ✓

Name of operation Clinical Date of ✓

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Oct. 13, 1937

Where did injury occur? 1011 S. Kenwood Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury He removed cap from gas pipe in his room himself

Nature of injury Asphyxia by Carbon-Monoxid gas

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood Coroner, M. D.

(Address) 1712 N. Bond St.

information should be carefully supplied. AGE should be stated EXACTLY. If UNKNOWN state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 8

39967

HEALTH DEPARTMENT—CITY OF BALTIMORE

39967

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 202 S Gilmor St St. 19-H Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isabel M. Hall

If U. S. Veteran specify WAR .....

(a) Residence: No. 202 S. Gilmor St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widowed

5a. If married, widowed, or divorced HUSBAND (or) WIFE of Albert

6. DATE OF BIRTH (month, day, year) May 17, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME John Abrams

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ann Condon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Randall Abrams (Address) 202 S. Gilmor St

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Oct 16/37

19. UNDERTAKER William Leoty (Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

OCT 13 1937 Livingston Phillips, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1937, to Oct. 13, 1937.

I last saw h.. alive on Oct 12, 1937. Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-12-37
Other contributory causes of importance:	
generalized arteriosclerosis	unknown
Trigeminal neuralgia	1935

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Nathan Rosenau, M. D.

(Address) 206 S. Gilmor St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39968 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 39968

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3227 Kenyon Ave St., 46-T Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie Elizabeth Waskey

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1309 Poplar Grove St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence E. Waskey

6. DATE OF BIRTH (month, day, year) Mar 20 - 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Alburton Md

FATHER

13. NAME Columbus Welsh

14. BIRTHPLACE (city or town) (State or country) Woodbine Carroll Co Md

MOTHER

15. MAIDEN NAME Ellen Zepp

16. BIRTHPLACE (city or town) (State or country) Woodbine Carroll Co Md

17. INFORMANT Harry Edw. Waskey

(Address) 1309 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL Sarage Cemetery Hanover Md Date Oct 15 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED OCT 13 1937 19 Wm. Bernard

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1937

I HEREBY CERTIFY, That I attended deceased from Oct 10 37 to Oct 12 37

last saw h[er] alive on Oct 12 1937 Death is said to have occurred on the date stated above, at 2 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Valvular Heart Disease	10-1-35

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) William J. Bryan M. D.

(Address) 801 N Kenwood Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39969 HEALTH DEPARTMENT—CITY OF BALTIMORE F 39969

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Capt. John F. Storey. If U. S. Veteran specify WAR No Record

(a) Residence: No. Centreville Md. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of ~~wife of~~ Josephine Janet Storey

6. DATE OF BIRTH (month, day, year) April 2nd 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as ~~farmer~~, sawyer, bookkeeper, etc. Mariner Capt. S. S.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tolchester Co

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Queen Annes Co Md

FATHER

13. NAME John E. Storey

14. BIRTHPLACE (city or town) (State or country) Talbot Co Md

MOTHER

15. MAIDEN NAME Henrietta Pinkyfield

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Mrs H. Storey 1813 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL Place Centreville Cem Queen Annes Co Md Date Oct 16th 1931

19. UNDERTAKER (Address) Wm Cook 1217 St Paul st

20. DATE RECEIVED OCT 13 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-14 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-5 1931 to 10-14 1931

I last saw him alive on 10-13 1931. Death is said to have occurred on the date stated above, at 4.05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	1923
Other contributory causes of importance: Arteriosclerosis	
Prostatic hypertrophy	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Blood urea Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H Fitzgerald M. D.

(Address) Md. General Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39970

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39970

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1533 Linden ave St., 4th Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert Claude Kuser

(a) Residence: No. 1533 Linden ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 2 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Va.

FATHER

13. NAME Robert Harrison Kuser

14. BIRTHPLACE (city or town) (State or country) Pittsylvania Co. Va.

MOTHER

15. MAIDEN NAME Sarah Catherine Grissom

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Va.

17. INFORMANT Emil C. Kuser

(Address) 1533 Linden ave

18. BURIAL, CREMATION, OR REMOVAL Mt. Harmony Cemetery Oct 10 1937

19. UNDERTAKER Wilson & Cook

(Address) 1219 E. Baltimore St.

20. FILED OCT 13 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said and that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows: 12 15 pm

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otho Carver M. D.

Coroner

(Address) 1215 Hanover.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 39971

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39971

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211-E. Chase Street St. 10-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa Mary Holthaus

If U. S. Veteran specify WAR .....

(a) Residence: No. 1211-E. Chase Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Holthaus

6. DATE OF BIRTH (month, day, year) June 5th, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	4	9 8	XXXX

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Marcus Breuning

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Katharine Rosemer

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT John Holthaus

(Address) 1211-E. Chase Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 10/16/37

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735-Harford Ave.

20. Filed 10 1937, 19 Registrar.

Huntington Heights, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 13 37, 19

22. I HEREBY CERTIFY, That I attended deceased from 10 1 37, 19, to 10 13 37, 19

I last saw h alive on 10 13 37, 19. Death is said to have occurred on the date stated above, at 6:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Cardiac	2 wks
Diabetes	4 yrs
Nephritis	15
Other contributory causes of importance:	
acute Diabetic Coma	10 days

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fred Bussey M. D.

(Address) 111 Whitelock Ave

INFORMATION ENTERED ON CERTIFICATE SUPPLIED. AND should not be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

39972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

39972

121

1. PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No. ... St. 823 ... Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William F. Meagher

If U.S. Veteran specify WAR ...

(a) Residence: No. 2413 E. Oliver St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Estella R. Meagher

6. DATE OF BIRTH (month, day, year) April 19-1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Fire Capt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ... 20 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Patrick Meagher

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Leahy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Margaret M. Meagher

(Address) 2413 E. Oliver St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date Oct 18 1937

19. UNDERTAKER Chas F. Meyer & Son

(Address) 1118 W. Lafayette Ave

20. FILED ... 19...

... Registrar

OCT 15 1937

Huntingtown, Maryland

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 — , 1937 to Oct-13 — , 1937

I last saw him alive on Oct. 13, 1937 Death is said to have occurred on the date stated above, at 3 37 P. m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Chronic Myocarditis with Auricular Fibrillation	7 yrs
Acute Appendicitis	10-1-37

Other contributory causes of importance:

Was an operation performed? Yes Date of 10-10-37

For what disease or injury? Acute Appendicitis

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Gilbert E. Redman M. D.

(Address) St. Joseph's Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

39973

HEALTH DEPARTMENT—CITY OF BALTIMORE

39973

CERTIFICATE OF DEATH

✓ 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 E. Eager St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S. If of foreign birth? 60 yrs. — mos. — ds.

2. FULL NAME John Koch

If U. S. Veteran specify WAR

(a) Residence: No. 1415 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of: Elisa Koch

6. DATE OF BIRTH (month, day, year): Sept 8 - 1857

7. AGE: Years 80 | Months 1 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Sheet Metal Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 40 odd

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Michael J. Koch

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Linkenom

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Marie L. Bakey

(Address) 2535 Edgecomb Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto. Cem. Date: Oct 15/37

19. UNDERTAKER: Chas. H. Grave & Son

(Address) 115 W. Mt. Royal Ave

20. FILED ....., 19..... Registrar.

OCT 13 1937

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 13. 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1- 1934 to Oct 13 1937

I last saw him alive on Oct. 12. 1937 Death is said to have occurred on the date stated above, at 3.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial Nephritis	1930
Chr. Myocarditis	1930
Other contributory causes of importance:	
Cerebral Hemorrhage	10/11/37

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —

(Signed) Paul Brown M. D.

(Address) 1663 W. North ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 39974

HEALTH DEPARTMENT—CITY OF BALTIMORE

39974

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 1016 Eastern Ave. St., 3-7 Ward)

Length of residence in city or town where death occurred 80 yrs. 6 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Rasel

(a) Residence: No. 1016 Eastern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 24-1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not employed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) About 10 years ago

11. Total time (years) spent in this occupation Some years

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Rasel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Cecelia Rosenbaum

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Katherine Lutz

(Address) 1016 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Buried Baltimore Date Oct 16-37

19. UNDERTAKER Chas F. Grace & Son

(Address) 1 E. Saratoga St.

Filed OCT 19 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Coronary Thrombosis	some time
Other contributory causes of importance: Senility, Arterio-sclerosis general	some years

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation (Clinical) Date of .....

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Chas. W. Wood Coroner, M. D.

(Address) 1712 N. Broadway

Registrar

V S 6

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 39975

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39975

CERTIFICATE OF DEATH

192-A CC

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 1872

CITY OF BALTIMORE: (No. Bay View St., 867 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 6 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Mettee

(a) Residence: No. 1754 E. Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Joseph Mettee

6. DATE OF BIRTH (month, day, year) April 12-1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec. 10-1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George P. Sauerwein

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Margaret McGreevy

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Charles Preston Jr. (Grandson)

(Address) 6003 Edna Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Oct 16 1937

19. UNDERTAKER Henry J. Lutz

(Address) 1203 N. Broadway

20. FILED ... By ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

her death in the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	2 years

Other contributory causes of importance:

No History

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did Injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 6

F 39976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J94-B

F 39976

Registered No. 2051

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General Hospital St., Ward)

Length of residence in city or town where death occurred 39 yrs. 9 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME John H. Sommers

(a) Residence: No. 1927 W. Lexington St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Sommers

6. DATE OF BIRTH (month, day, year) Dec. 31 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fireman Balto. City

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Louis Sommers

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Clara ~~Hoegs~~ HODGES

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Viola Sommers
(Address) 1927 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem. Date 10-18-37

19. UNDERTAKER Bernard C. Harlan
(Address) 121 E. 23rd St.

20. FILED OCT 15 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held ... Autopsy & Inquiry ... and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ... Autopsy & Inquiry ... find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) H. F. Kellam Coroner M. D.

(Address) 2737 W. North Ave

OCT 15 1937

4

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

39977 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ F 39977

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 946 Hanover Hill Ave 17th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Mcpherson

If U.S Veteran specify WAR .....

(a) Residence: No. 946 Hanover Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Annie Mcpherson

6. DATE OF BIRTH (month, day, year) 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman of gang

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Long shoreman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 ?

12. BIRTHPLACE (city or town) (State or country) Darlington N.C.

FATHER

13. NAME Chas Mcpherson

14. BIRTHPLACE (city or town) (State or country) N.C

MOTHER

15. MAIDEN NAME Adline Gray

16. BIRTHPLACE (city or town) (State or country) Darlington N.C.

17. INFORMANT Annie Mc pherson
(Address) 946 Hanover Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Oct 15 1937

19. UNDERTAKER Robt T Williams
(Address) 1515 McElderry St

20. FILED ..... 19 ..... Register

CT 13 1937 Darlington Marion, N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1937 to Oct 11 1937

I last saw him alive on Oct 10 1937. Death is said to have occurred on the date stated above, at 10.30 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate — Date of onset Jan 1937

Other contributory causes of importance:

Metastasis to Bladder and Intestinal tract, with partial Intestinal Obstruction

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) R J Young M. D.

(Address) 1429 E Monument St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

39978 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 39978

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4208 Valley View Ave. 26-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Anita Hoey

(a) Residence: No. 4208 Valley View Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 16th 1916

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Harry L. Hoey

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Caroline A. Hoey

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Harry L. Hoey
(Address) 4208 Valley View ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Ridge Cemetery Date Oct. 16th 37

19. UNDERTAKER Fredrick Sloan & Sons
(Address) 7401 Belair Road

20. FILED Oct 17 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1937 to Oct 13 1937
I last saw her alive on Oct 11 1937 Death is said to have occurred on the date stated above, at 7:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	July 1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) J S Harding M. D.
(Address) 4810 Belair Rd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE #27340

CERTIFICATE OF DEATH

F 39979

39979

Registered No. 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 27-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Yost

If U. S. Veteran specify WAR No Record

(a) Residence: No. 3033 Belvedere Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~unknown~~ Josephine L. Yost

6. DATE OF BIRTH (month, day, year) 9/8/1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	62	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date Oct 16 37

19. UNDERTAKER William Cook
(Address) 2412 St Paul Street

20. FILED OCT 13 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 8, 1937 to October 12, 1937

I last saw him alive on October 12, 1937. Death is said to have occurred on the date stated above, at 6.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	10-8-37

Other contributory causes of importance:

Hypertensive cardiovascular disease	4 years

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. de Lautelle, M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

39980 39980

CERTIFICATE OF DEATH

Registered No. 1877

1. PLACE OF DEATH Found in Balto Harbor foot of Charles St at 3:15 P.M. Oct 8-1937 Police Boat (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 25 Ward)

Length of residence in city or town where death occurred 50 yrs. 8 mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Stanley M. Corns

(a) Residence: No. 1125 Monroe Circle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie H. Corns

6. DATE OF BIRTH (month, day, year) Feb 2 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) About 2 years

11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Jacob Corns

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Fannie Steele

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Joseph J. Clarke son-in-law

(Address) 1301 V St. S.E. Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL London Park Date Oct 16 1937

19. UNDERTAKER Wm. Cook

(Address) 1113 Paul Street

20. FILED [illegible] 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8 ? 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Drowned, body was decomposed to complete identity imposible, was identified by shoes and clothing.

Date of onset ?

Other contributory causes of importance: Not known

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ? Date of injury ? 19

Where did injury occur? Baltimore Harbor (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Balto Harbor

Manner of injury Drowned

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood Coroner, M. D.

(Address) 1712 E. Baltimore St.

V. B.—BRIEF REPLIES, WITH CAPITAL LETTERS, should be stated EXACTLY. PHYSICIANS should be careful that information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39981 F 39981

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr Clarence Winfield Denbow

If U. S. Veteran specify WAR

(a) Residence: No. Buxton, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex: Male | Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Essie Denbow

6. DATE OF BIRTH (month, day, year): June - 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Steel Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Russ Steel Co

10. Date deceased last worked at this occupation (month, day, year): 9/30/37

11. Total time (years) spent in this occupation: 24

12. BIRTHPLACE (City or town) (State or country): Boonsboro Washington Co Md

FATHER

13. NAME: John S. Denbow

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Catherine Streidhoff

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Samuel J Denbow Maryland

18. BURIAL, CREMATION, OR REMOVAL: Mt Lebanon Hartford Co Date Oct 16 37

19. UNDERTAKER (Address): William Cook 1217 St Paul Street

20. FILED OCT 16 1937 Registrar Huntington Primrose, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1937, to Oct. 14, 1937

I last saw him alive on Oct. 14, 1937. Death is said to have occurred on the date stated above, at 6:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	2 days
Other contributory causes of importance: Lung abscess, left	12 days

Was an operation performed? Yes Date of Oct 2, 1937

For what disease or injury? Gastric Ulcer

Name of operation Billroth #1

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Robert H Oliver M. D.

(Address) Union Memorial Hospital

Information should be entered in every space. Avoid the use of abbreviations. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FAULHABER

F 39982 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 39982

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2501 E Federal St. 8-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Andrew Faulhaber Sr

(a) Residence: No. 2501 E Federal St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine A Faulhaber

6. DATE OF BIRTH (month, day, year) April 3. 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Builder, Contractor

10. Date deceased last worked at this occupation (month and year) 1917

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Jacob Faulhaber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Albrecht

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs Josephine Faulhaber 2501 E Federal St

18. BURIAL, CREMATION, OR REMOVAL. Place Holy Redeemer Date Oct 18 1937

19. UNDERTAKER Woodlawn Co (Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

Oct 15 1937 Huntington Indiana

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14 1937

22. I HEREBY CERTIFY, That I attended deceased from January 9 1937 to Oct 14 1937

I last saw he alive on Oct 14 1937. Death is said to have occurred on the date stated above, at 8 55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia Bronchopneumonia	5 days
Senile Sclerosis	7 yrs
Cerebral Hemorrhage	7 yrs
Other Contributory causes of importance:	
Chronic Interstitial Nephritis	9 yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Microscopic exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Thos F A Stevens M. D.

(Address) 2878 Hartford Rd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

39983 F 39983

CERTIFICATE OF DEATH

27005 (MB)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 4-2 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Arnold

If U. S. Veteran specify WAR

(a) Residence: No. 729 W. Lexington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Arnold

6. DATE OF BIRTH (month, day, year) 12/14/1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Linthaurn

14. BIRTHPLACE (city or town) (State or country) Maryland ?

MOTHER

15. MAIDEN NAME Mary Linthaurn-

16. BIRTHPLACE (city or town) (State or country) Maryland ?

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Longmile Md Date Oct 6-37

19. UNDERTAKER Mitchell & Lumphrey
(Address) 2211 N. Broadway.

20. FILED Oct 13 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-27, 1937, to 10-13, 1937

I last saw her alive on 10-12, 1937 Death is said to have occurred on the date stated above, at 4:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	2 weeks
Hydronephrosis	Unknown
Tabes-paresis	Unknown
Carcinoma of cervix	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. T. Woodward Jr. M. D.

(Address) Balt. City Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39984 F 39984

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital 117-a Registered No.

CITY OF BALTIMORE: (No. St. Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Lang

If U. S. Veteran specify WAR

(a) Residence: No. 1004 Cathedral St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/20-1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Lang

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emily Cole

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Bilson Lang

(Address) 3204 Virginia Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date 10/15/37

19. UNDERTAKER W. E. Humphreys

(Address) 1501 W. Broadway

20. FILED , 19 Registrar.

OCT 15 1937

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1937 to Oct 12, 1937

I last saw him alive on Oct 12, 1937 Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric ulcer	
Hemorrhage from Ulcer	10/3/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) C. P. Scarborough Jr. M.D.

(Address) Maryland Genl. Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39985

CERTIFICATE OF DEATH 27081 (MB)

F 39985

65-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Harvey

If U. S. Veteran specify WAR

(a) Residence: No. 1434 Ward St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Amy Smith

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Date Oct 18 1937

19. UNDERTAKER Joseph A Seely

(Address) 409 N Mount Street

OCT 15 1937

Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 29, 1937, to October 14, 1937

I last saw her alive on October 14 1937 Death is said to have occurred on the date stated above, at 8:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39986

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39986

CERTIFICATE OF DEATH

✓180

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General Hospital St., Ward)

Registered No. 11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James K. Harrison

If U. S. Veteran specify WAR

(a) Residence: No. 907 S. Clinton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Harrison

6. DATE OF BIRTH (month, day, year) August 9, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mnf't. Fire Dept. saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Harrison

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anna McGinnias

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mary Harrison

(Address) 907 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Oct 18 19 37

19. UNDERTAKER Chas F. Evans, Jun.

(Address) 118 N. Mt. Carmel Ave.

20. FILED Huntingtown Williams N.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Injury	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Date of injury Oct 13, 1937

Where did injury occur? 314 & 316 S. Hanover St Balto
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry (Fire in Buldg.)

Manner of injury Wall Fell on Him, Buldg on Fire.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Fireman in Fire Dept.

(Signed) F. W. Miller M. D.
Coroner

(Address) 2357 W. Lanvale

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 18 1937

V S 6

F 39987

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39987

CERTIFICATE OF DEATH

2 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univers. of Hosp. St., 26-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick Bahr

(a) Residence: No. 3522 Towne St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Gustella W. Bahr

6. DATE OF BIRTH (month, day, year) Jan. 12 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BARBER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. OWN SHOP

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Daniel Bahr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Agnes Feltman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Katherine Kofmann (Daughter)
(Address) 329 S. Conkling St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Oct. 16/37

19. UNDERTAKER Lilly & Zeiler INC.
(Address) 403 E. Wolfe St.

20. FILED ... 19... Huntington Williams Mgr.

OCT 15 1937

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13 1937

22. I HEREBY CERTIFY, That I attended deceased from October 9, 1937 to Oct 13, 1937

I last saw h[illegible] alive on Oct 13, 1937 Death is said to have occurred on the date stated above, at 5.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcus aureus Septicemia	10/4?
Staph. pneumonia	10/9?

Other contributory causes of importance: none

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Howard B. Lewis M. D.

(Address) University Hospital

E 39988

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39988

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5708 Rusk Ave St. 27-14 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in ~~city~~ or town where death ~~occurred~~ Life yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME James H. Tobb

If U. S. Veteran specify WAR ____

(a) Residence: No. 5708 Rusk Ave St. Ward. ____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ William W.

6. DATE OF BIRTH (month, day, year) Aug 4 - 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	68	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegraph Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Henry B. Tobb.

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Georgeana Davis

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT William W. Tobb

(Address) 5708 Rusk Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 10/16 1937

19. UNDERTAKER Williams Cook

(Address) 1217 St Paul St.

20. FILED OCT 15 1937 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH 9:58 P.M.

21. DATE OF DEATH (month, day, year) Oct 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Dany 1937 to —date 19____

I last saw h. alive on Sept 1937. Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Thrombosis	
Brain Complications in above	2yr
LARYNTHINE de Tetanus of the ear and	7yr
facial paralysis very symptoms	
Other contributory causes of importance:	
	over

Was an operation performed? no Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) Thos Henry Thomas, M. D.

(Address) 718 med. arts Bldg

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 15 1937

H

F 39989

HEALTH DEPARTMENT—CITY OF BALTIMORE

39989

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 11 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Prentiss Denwood Jones

If U. S. Veteran specify WAR

(a) Residence: No. 407 Park ave - St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 25, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper & Office Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Princess Anne Maryland

FATHER

13. NAME Denwood H Jones

14. BIRTHPLACE (city or town) (State or country) Somerset Co. Maryland

MOTHER

15. MAIDEN NAME Nellie Dennis

16. BIRTHPLACE (city or town) (State or country) Princess Anne Maryland

17. INFORMANT Nell D Jones

(Address) 407 Park ave

18. BURIAL, CREMATION, OR REMOVAL Md

Place Princess Anne Date Oct 16 19 37

19. UNDERTAKER Chas. E. Franck

(Address) 502 Madison ave

20. FILED OCT 15 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1936, to Oct 14, 1937

I last saw h[illegible] alive on Oct 14, 1937. Death is said to have occurred on the date stated above, at 3:33 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - Breast	
c Carcinomatosis	
Other contributory causes of importance:	

Was an operation performed? yes Date of

For what disease or injury? Carcinoma - Breast

Name of operation Radical Mastectomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Raymond L Ivey, M. D.

(Address) 1 W Lexington St. pulat

VS 3

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39990

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. 121

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leroy Spellman If U. S. Veteran specify WAR .....

(a) Residence: No. Box 68 Ruth ave St., Sparrows Pt Ward. md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6-20-17

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60 10

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Hattie Green

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Hertford, N.C. Date Oct 15, 1937

19. UNDERTAKER Mrs Katie R. Wi[illegible] (Address) 332 N. Schroeder

20. FILED Oct 13 1937 Huntington Pitcairn, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937 to Oct 12, 1937

I last saw him alive on Oct 12, 1937. Death is said to have occurred on the date stated above, at 12 20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	Sept 28,
Peritonitis	

Other contributory causes of importance:

Was an operation performed? Yes Date of Oct 3, 1937

For what disease or injury? Acute appendicitis

Name of operation Drainage of appendiceal abscess

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward L. Beers M. D.

(Address) John Hopkins Hospital

N. B.—WRITE PLAINLY, WITH PENCIL OR PEN AND INK. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 13 1937

F 39991

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39991

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 N Carrollton Ave 16-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jessie Chase

If U. S. Veteran specify WAR .....

(a) Residence: No. 631 N Carrollton Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced (or) WIFE of: Julius A. Chase

6. DATE OF BIRTH (month, day, year): Nov 24, 1871

7. AGE: Years 65 | Months 10 | Days 14 | If LESS than 1 day, ... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Jane Arundel Co Md

FATHER

13. NAME: William Queen

14. BIRTHPLACE (city or town) (State or country): A.A. Co Md

MOTHER

15. MAIDEN NAME: Elizabeth Hawkins

16. BIRTHPLACE (city or town) (State or country): A.A. Co Md

17. INFORMANT: Lettie E. Arthur

(Address) 631 N Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date Oct 18, 1937

19. UNDERTAKER: Mrs Katie R. Williams

(Address) 322 N Schroeder St.

20. FILED ..... 19 ..... Registrar.

OCT 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Octr 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Septr 9, 1937 to Octr 13, 1937

I last saw h.. alive on Octr 12 1937 Death is said to have occurred on the date stated above, at 11.25 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hypertensive Cardio-Vascular Renal Disease	—
Other contributory causes of importance: Edema of Bronchi Pneumonia	Octr 27

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Exp Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. F. Howell M. D.

(Address) 631 N Carrollton Ave

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39992

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39992

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 23

CITY OF BALTIMORE: (No. Bay View St., 23-3 Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 9 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William M. Martin — If U. S. Veteran specify WAR

(a) Residence: No. 1724 Light St., Ward. (Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lottie Martin

6. DATE OF BIRTH (month, day, year): Dec 17-1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Produce

10. Date deceased last worked at this occupation (month and year): Do not know

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Wm. Martin

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Do not know

16. BIRTHPLACE (city or town) (State or country): Do not know

17. INFORMANT: Thos. F. Martin Son

(Address) 1106 Battery Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Date: Oct. 16, 1937

19. UNDERTAKER: Margaret G. Flynn

(Address) 1422 Light St.

20. FILED: OCT 15 1937, 19 ... Huntington Williams, Registrar.

A

V 5 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary-Tuberculosis Advanced	6 Months

Other contributory causes of importance: No history

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

F 39993

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39993

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.

Registered No.

CITY OF BALTIMORE: (No.) St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred practically life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Feit

If U. S. Veteran specify WAR World War

(a) Residence: No. Virginia Florida, Ward. 86 Northwest 33rd St. Miami, Florida.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hilda Hornstein

6. DATE OF BIRTH (month, day, year) May 24, 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 6 months ago

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) ? Austria

FATHER

13. NAME Isaac Feit

14. BIRTHPLACE (city or town) (State or country) ? Austria

MOTHER

15. MAIDEN NAME Mollie Goldman

16. BIRTHPLACE (city or town) (State or country) ? Austria

17. INFORMANT Records-U.S. Marine Hospital, (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Rest Dale Date Oct 15 1937

19. UNDERTAKER Sol Levinson & Bros (Address) 1124-1126 W. North ave

20. FILED OCT 15 1937 19 Hindington Williams, M.D. Registrar.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 5, 1937, to October 15, 1937

I last saw him alive on October 15, 1937. Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, interstitial, chronic	unknown
Artheromatous heart disease	"
Arteriosclerosis, general	"
Thromboangitis, obliterans	18 yrs.

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) T. B. N. Anderson. M. D.

(Address) U. S. Marine Hospital, Bdto. Md.

RLL/g

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 15 1937

M. D. H. 1268-9

F 39994

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39994

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 500 KINGSTON (St.) RD 23-4 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. 4 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME CHARLES HENRY FLOCK

(a) Residence: No. 500 KINGSTON RD. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: M. | 4. Color or Race: WHITE | 5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (~~write the word~~): Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~late wife~~ ANNIE FLOCK

6. DATE OF BIRTH (month, day, year) JUNE 2. 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work, as farmer, engineer, sawyer, bookkeeper, etc.: Fire Ins Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: E. C. Schuchardt

10. Date deceased last worked at this occupation (month and year): Oct 37

11. Total time (years) spent in this occupation: 20 Yrs

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Louis Flock

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: M. Jones

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Mrs. A. Flock

(Address) 500 Kingston Rd.

18. BURIAL, CREMATION, OR REMOVAL: Loudon PK Date 10/14/37

19. UNDERTAKER: Geo. H. Lepphardt

(Address) 525 N. Lynn St

20. FILED: OCT 15 1937 Hamilton Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1935 to Oct 13, 1937

I last saw ~~her~~ alive on Oct 13 1937 Death is said to have occurred on the date stated above, at 4:5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10/11/37
Other contributory causes of importance: Pulmonary tuberculosis	Feb. 1935

Name of operation None Date of ...

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. H. Knapp M. D.

(Address) 203 E. Chesapeake Ave.

C. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39995

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39995

CERTIFICATE OF DEATH

108

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 W Lombard St., 19-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 1 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice Horiat

If U. S. Veteran specify WAR .....

(a) Residence: No. 1417 W. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 31-1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) 1914

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Patrick Horiat

14. BIRTHPLACE (city or town) unknown
(State or country)

MOTHER

15. MAIDEN NAME Bessie Williams

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

17. INFORMANT Rosie Goldsmith
(Address) 1417 W Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct 18 1937

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave

20. FILED Huntington Williams, N.J. 19... Registrar.

VS 3

GHS

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1937 to Oct. 14, 1937

I last saw her alive on Oct. 14, 1937 Death is said to have occurred on the date stated above, at 7:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10/6/37
Chr. Myocarditis	1930

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) Paul Brown M. D.

(Address) 1663 W North Ave

F 39996

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 39996

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 1-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Skweres

(a) Residence: No. 821 S. Port St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Skweres

6. DATE OF BIRTH (month, day, year) Sept. 7 1875

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
62	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Laurence Zapanowski

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mekum

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Adam Skweres

(Address) 821 S. Port St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem Date Oct 18 1937

19. UNDERTAKER Walter E. Dibbert

(Address) 317 S. Carey St

Registered

CT 15 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber, M. D.

Coroner

(Address) 1717 E. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

39997 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 39997

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH Union Memorial Hosp. Registered No.

CITY OF BALTIMORE: (No. St., 27-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Alice Laura Lambert If U. S. Veteran specify WAR

(a) Residence: No. 3328 Spaulding Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) About 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Mr Nelthan

14. BIRTHPLACE (city or town) (State or country) Abbey Nelthan Durham

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Eng.

17. INFORMANT Mr. Alice Lewis

(Address) 4614 Roslerton

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date Oct. 16 1937

19. UNDERTAKER Wm. J. McGuire & Sons

(Address) North & Paca

20. FILED 19 Registrar

OCT 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarde'ty	

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Foard, M. D. Coroner

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 39998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 39998

127

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 N. Collington ave St., 7-3 Ward)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 58 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Marie Petr

(a) Residence: No. 815 N. Collington ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wenceslaus Petr

6. DATE OF BIRTH (month, day, year) Sept 8. 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Joseph Cihak

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Ant Krown

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Antonette Petr
(Address) 815 N. Collington ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 20 1937

19. UNDERTAKER Frank Brach & Son
(Address) 906 Eastend ave

20. FILED ..... 19..... Registrar.

CT 25 1937 Huntington Williams, M.D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15 1937

22. I HEREBY CERTIFY, That I attended deceased from July 14 1937 to Oct 15 1937

I last saw her alive on Oct 14 1937 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

CHOLECYSTITIS

	Date of onset
Cholecystitis	7/14/37
Broncho Pneumonia	10/10/37

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Joseph Pokorny M. D.

(Address) 2206 E Madison St

E 39993

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39993

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. ..... St. 27-9 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ruth J Thompson — If U. S. Veteran specify WAR

(a) Residence: No. 1204 Springfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 16, 26

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Rufus

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lillian Garrett

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Rest Date Oct 17, 1937

19. UNDERTAKER Rayner Sanders
(Address) 1413 E. Preston St

20. FILED OCT 15 1937 19 — Registrar — Washington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1937 to Oct 14th 1937

I last saw him alive on Oct 14, 1937 Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicial Abscess Peritonitis.	Sept 15 do

Other contributory causes of importance:

Was an operation performed? Yes Date of

For what disease or injury? Appendicitis

Name of operation Drainage of Appendical Abscess

What test confirmed diagnosis? X Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased?
No ..... If so, specify .....

(Signed) Ludwig Emge, M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40000 ✓ F 40000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-01

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2911 Louise Ave St. 37 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Franklin T. Buell

If U. S. Veteran specify WAR

(a) Residence: No. 2911 Louise Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John T. Buell

6. DATE OF BIRTH (month, day, year) April 14-1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 08

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fruit Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md.

FATHER

13. NAME John Buell

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Winfield Buell
(Address) 703 Bay St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cemetery Date 10-17 1937

19. UNDERTAKER Leonard Brock
(Address) 5305 Hanford Rd

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-14 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4 1937 to Oct 14 1937

I last saw h[illegible] alive on October 11 1937 Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage	Oct 11 '37
Other contributory causes of importance: Arterio Sclerosis Hypertension	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A Foltz M. D.

(Address) Mount Washington

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 1937

VS 3

F. 40001

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 40001

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1520 Lexington St. 24th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rosa B Wallace

If U. S. Veteran specify WAR .....

(a) Residence: No. 1520 Lexington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William H. Wallace

6. DATE OF BIRTH (month, day, year) July 26, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Staunton Va.

FATHER

13. NAME John Wise

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Wade

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT William H. Wallace

(Address) 416 E. Fort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Oct 18 1937

19. UNDERTAKER A. Howard Evans

(Address) 1420 Eutaw St

20. FILED ..... 19 ..... Registrar.

OCT 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15. 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1937 to Oct. 15 1937

I last saw h[illegible] alive on Oct 7 1937 Death is said to have occurred on the date stated above, at 6A. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 1936

Other contributory causes of importance: Senile Nephrosclerosis 1935

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. F. Hawkins M. D.

(Address) 1 E Randall St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40002 ✓ F 40002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27-4 82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 Woodlawn Road St.) (Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edwin L. Koppleman

If U.S. Veteran specify WAR ....

(a) Residence: No. 317 Woodlawn Road St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of **********

6. DATE OF BIRTH (month, day, year) Jan. 27, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John George Koppleman

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Elizabeth Sophia Fritz

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Arthur Koppleman
(Address) 432 Wickford Road

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery 10/16/37

19. UNDERTAKER Thomas & Son
(Address) 805 N. Calvert St.

20. FILED Hunter's Co. Williamsburg, Va.

CT 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/15 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1936 to 10-11 1937

I last saw him alive on 10-11 1937. Death is said to have occurred on the date stated above, at 3:40 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	?
HYPERTENSION	
CEREBRAL HEMORRHAGE	10-15-37

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John [illegible] Dorsey, M. D.

(Address) 1129 St. Paul Street

INSTRUCTIONS: PRINT WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40003

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40003

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Balto. Md. Registered No.

CITY OF BALTIMORE: (No. 9-8 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residenre in city or town where death ocrurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gordon A. Widmeyer If U. S. Veteran sperify WAR World War

(a) Residence: No. 1109 Bonaparte Ave., Balto. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Jockisch

6. DATE OF BIRTH (month, day, year) January 7, 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Solderer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Water Works

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Albert Calvin Widmeyer

14. BIRTHPLACE (city or town) (State or country) Berkeley Sprgs. W.Va.

MOTHER

15. MAIDEN NAME Nellie M. Goetz

16. BIRTHPLACE (city or town) (State or country) Barkeley Springs, W.Va.

17. INFORMANT Records- U.S.Marine Hospital,
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Pl Moreland Park Date 10/16 1937

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins sts

CT 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 4, 1937 to October 14, 1937

I last saw him alive on October 14, 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, moderately far advanced	July 1936
Tuberculous bronchopneumonia	terminal

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) T. M. N. Anderson, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

HLW-HG

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 46004

10004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6305 Mayflower Rd St., 27-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Annie Kramer

(a) Residence: No. 6305 Mayflower Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) Jan 25th 1860.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or mln.
77	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Kramer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Gardner

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. C. Edw. Barker
(Address) 6305 Mayflower Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Cem Date Oct 16, 1937

19. UNDERTAKER Le Roy L. Hodges
(Address) 6209 Harford Rd.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1937 to Oct. 14, 1937

I last saw her alive on Oct. 13, 1937. Death is said to have occurred on the date stated above, at 3 35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct. 12, 1937

Other contributory causes of importance:
Arteriosclerosis
Endocarditis acute

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Carl H. Benson M. D.

(Address) 5111 York Rd.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 1937

40005 E 40005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 Dumbarton Ave St., 9-1 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Levi D. Stiner

If U.S. Veteran specify WAR .....

(a) Residence: No. 623 Dumbarton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary F. Stiner

6. DATE OF BIRTH (month, day, year) Dec. 26, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	89	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pennsylvania

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs George R. Sampson, 623 Dumbarton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct. 18 1937

19. UNDERTAKER (Address): E. Leroy Stabler, Inc. 125 E. Monument Ave.

20. FILED OCT 18 1937 Hunting for Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 5, 1937, to Oct 15, 1937.

I last saw him alive on October 14, 1937. Death is said to have occurred on the date stated above, at 1309 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other contributory causes of importance:	
Senility	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) A. Herzog M.D. M. D.

(Address) 1305 N Patterson Park ave.

A. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3 CT 18 1937

F 40006

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40006

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH 1023 Vincent St

CITY OF BALTIMORE: (No. 1023 St. 16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Savage

If U. S. Veteran specify WAR

(a) Residence: No. 1023 Vincent St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Savage

6. DATE OF BIRTH (month, day, year) March 17, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Northampton Co Va

FATHER

13. NAME Silas Savage

14. BIRTHPLACE (city or town) (State or country) Northampton Co Va

MOTHER

15. MAIDEN NAME Laura Spencer

16. BIRTHPLACE (city or town) (State or country) Northampton Co Va

17. INFORMANT Laura Savage

(Address) 2313 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place National Date 10/18/37

19. UNDERTAKER William A Jackson

(Address) 710 Pennsylvania Ave

20. FILED Huntington Williams Registrar

OCT 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonal Tuberculosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. Carmody Coroner M. D.

(Address) 1215 Pennsylvania Ave

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 40007

F 40007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Permanente Clinic at Sinai Hospital 6-6 167 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Sinai Hospital Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Clark Lamuel Ely.

(a) Residence: No. 3002 Raymond ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thelma Lee

6. DATE OF BIRTH (month, day, year) June 3 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (061)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Howard Ely

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elnora

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Thelma Lee Ely.
(Address) 3002 Raymond ave.

18. BURIAL, CREMATION, OR REMOVAL
Place National Gdns Date 10/16 1937

19. UNDERTAKER Bode & Bartosh.
(Address)

20. FILED OCT 18 1937 Registrar.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shot Self Through Heart	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 10 14 1937

Where did injury occur? on carriage in front of
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place on street #3002 Raymond ave.

Manner of Injury Shot self with pistol

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. Gray, Coroner, M. D.
Coroner

(Address) 1216 Hanover

S. E.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 18 1937

F 10008

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10008

CERTIFICATE OF DEATH

93-C

28-1

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4203 Groveland Ave St. Ward)

Length of residence in city or town where death occurred 78 yrs. 11 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anthony Bernard Debring

If U. S. Veteran specify WAR

(a) Residence: No. 4203 Groveland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Regina M. Debring

6. DATE OF BIRTH (month, day, year) Oct 16 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Police Dept

10. Date deceased last worked at this occupation (month and year) 61

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. William G. Wotthlie

(Address) 4203 Groveland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Oct 18 19 37

19. UNDERTAKER Henry H. Annacost

(Address) 4204 Ridgewood Ave

20. FILED 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14/37 Jan 1 37, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937 to Oct 14/37, 19

I last saw h[illegible] alive on Oct 14, 1937 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	July 37
	years
Other contributory causes of importance: Arteriosclerosis	9
Hypertension	about 14

Was an operation performed? Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wallis D. Stubbs M. D.

(Address) 2220 Harrison Blvd

CT 5

VS 8

14

E.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10009 F 10009

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1236 E Madison St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo Ellis

U S Veteran specify WAR

(a) Residence: No. 1236 E Madison St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Florence Ellis

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drayman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Mary J. Ellis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Florence Ellis wife
(Address) 1236 E Madison St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Oct 17 37

19. UNDERTAKER Lattie Gross
(Address) 140 S Ashland Ave

20. FILED OCT 18 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1937, to Oct 13, 1937.

I last saw him alive on Oct 12 1937. Death is said to have occurred on the date stated above, at 6 00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Oct 4 1937

Other contributory causes of importance:

Severe Bronchitis

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. J. Young M. D.

(Address) 1429 E Fairmount Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40010

10010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2610 Pierpont St. 25-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mazon Williams

(a) Residence: No. 2610 Pierpont St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	Col.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Gadison

6. DATE OF BIRTH (month, day, year) May 11. 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Preacher.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Amelia Frost.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Amelia Wesley

(Address) 2610 Pierpont St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Oct 17, 37

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St

20. FILED Oct 18 1937, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Albumin Poisoning	Oct 13 37

Other contributory causes of importance: Senility

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) M. Hanna Coroner M. D.

(Address) 18 E W Baltimore St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 18 1937

V S 6

✓ F 40011

10011 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 730 Carroll St. St. 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Peter Cook

If U. S. Veteran specify WAR .....

(a) Residence: No. 730 Carroll St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wood Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Cook

(Address) 730 Carroll St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cemetery Date Oct 18, 1937

19. UNDERTAKER Chas. B. Buchanan Sons

(Address) 637 S Paca St.

(20a.) Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. K. Cullen, M. D.
Coroner

(Address) 2737 W. Lex

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 18 1937

V S 6

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

10012

CERTIFICATE OF DEATH

10012 210-M

1. PLACE OF DEATH Dead On the arrival at Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No. 1-3

CITY OF BALTIMORE: (No. [illegible] St., Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Stanley Uczynski

(a) Residence: No. 6 S. Patterson Pk Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 30. 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oiler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Ben Uczynski

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Sofia Turski

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Sophie Uczynski

(Address) 6 S. Patterson Pk. Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Oct. 18 1937

19. UNDERTAKER William Fiacconi

(Address) 1618 Eastern Ave

20. FILED OCT 18 1937 19 Stanley J. Wilmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/15 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/15/37 to Coroner 19..... 19.....

I last saw him alive on Oct 15, 1937. Death is said to have occurred on the date stated above, at 12:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Fracture Skull	
Internal injuries	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury 10/15 1937

Where did injury occur? 13 Miles from City Line on Pikesville Rd
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Collision between auto

Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Albert Turner Coroner, M. D.

(Address) 111 N. Calvert

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

40013 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 40013

CERTIFICATE OF DEATH

91-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 Eastern ave Ward) 3-2

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Stolb

If U. S. Veteran specify WAR .....

(a) Residence: No. 1002 Eastern ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Aug 8 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 62

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jones Lumber Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John Stolb

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Katie Bonson

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Katie Stolb

(Address) 1002 Eastern ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 18 1937

19. UNDERTAKER Martin W.E. Dippel

(Address) 37 S. Carrollton Ave

Attington for Funeral Dir.

20. FILED Oct 19 1937 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1937, to Oct. 15, 1937

I last saw him alive on Oct. 14, 1937 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

Intestate Fractured Femur

Date of onset ?

Other contributory causes of importance:

Acute Pulmonary infarct

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Isaac Geiger M. D.

(Address) 200 E. Baltimore

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 19 1937

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40014

40014

CERTIFICATE OF DEATH

9-9 93-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 Hillman St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Tuohy

If U.S Veteran specify WAR ....

(a) Residence: No. 1318 Hillman St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John J. Tuohy

6. DATE OF BIRTH (month, day, year) **********

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John McGah

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Donahue

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Helen M. Tuohy
(Address) 1318 Hillman St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetary 10/18/37

19. UNDERTAKER Thomas E. Gibbons & Son
(Address) 805 N. Calvert St.

20. FILED OCT 18 1937 By Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1937, to Oct. 15, 1937

I last saw h alive on Oct 15, 1937 Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

cerebral haemorrhage
chronic myocarditis
arteriosclerosis

Date of onset 10/11/37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ....., 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Samuel Hilton M. D.

(Address) 708 S. Potomac

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10015

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10015

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

14-3

Registered No.

CITY OF BALTIMORE: (No. 1906 Eutaw Place St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leon Levi

If U. S. Veteran specify WAR

(a) Residence: No. 1906 Eutaw Place. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie H. Levi

6. DATE OF BIRTH (month, day, year) May 3, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lynchburg, Va.

FATHER

13. NAME Solomon Levi

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rebecca Kayton,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Minnie H. Levi,
(Address) 1906 Eutaw Place.

18. BURIAL, ~~REMOVAL~~ -
Place Oheb Shalom Cem. Date Oct. 17, 1937

19. UNDERTAKER Baird Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED , 19 Registrar

OCT 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1937 to Oct 15, 1937

I last saw h[illegible] alive on Oct 15, 1937. Death is said to have occurred on the date stated above, at 1.20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolism	3 days
Other contributory causes of importance:	
Arteriosclerosis	5 yrs
Myocarditis	5 yrs

Was an operation performed? No Date of ✓

For what disease or injury? /

Name of operation ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ✓

(Signed) J. Frederick Leitz, M. D.

(Address) Temple Garden Apts.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10016 10016

CERTIFICATE OF DEATH

12-29-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Herbert Rush Preston

If U. S. Veteran specify WAR .....

(a) Residence: No. Kenwood Paradise Lane, St., Catonsville Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Cross

6. DATE OF BIRTH (month, day, year) Jan 24 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. 0042

10. Date deceased last worked at this occupation (month and year) Oct 1937

11. Total time (years) spent in this occupation 47 45

12. BIRTHPLACE (city or town) (State or country) Lexington Va.

FATHER

13. NAME John T. F. Preston

14. BIRTHPLACE (city or town) (State or country) Lexington Va.

MOTHER

15. MAIDEN NAME Margaret Lumkin

16. BIRTHPLACE (city or town) (State or country) Germantown Pa.

17. INFORMANT Mrs Herbert R. Preston

(Address) Kenwood Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Oxford Pa Date Oct 18 37

19. UNDERTAKER Henry W. Jenkins Sons Co

(Address) N. Eutaw & Lanvale Sts

FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-15-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 10-14-37, 19... to 10-15-37, 19...

I last saw him alive on 10-14-37, 19... Death is said to have occurred on the date stated above, at 1:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	10-15-37
Other contributory causes of importance: Coronary artery disease	1931

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert Reiser M. D.

(Address) Union Memorial Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40017 ✓ F 40017

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 4-282-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. University Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Simmen

If U. S. Veteran specify WAR .....

(a) Residence: No. 704 W. Baltimore St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia E. Simmen

6. DATE OF BIRTH (month, day, year) Dec 15, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy Mfgr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cinn, Ohio.

FATHER

13. NAME William H. Simmen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Elmer H. Simmen

(Address) 434 Rosecroft Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 10/ 16/ 1937

19. UNDERTAKER John J. Cowan & Son

(Address) # 901 Hollins Street

20. FILED OCT 18 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Ulin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. H. Cradlin M. D.

(Address) 2757 W. North Ave Coroner

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

Mary J. Knight

E 10018 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10018

CERTIFICATE OF DEATH

20-253-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 Poplar Grove St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary J. Knight

(a) Residence: No. 405 Poplar Grove St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William O. Knight

6. DATE OF BIRTH (month, day, year) Aug. 28, 1870.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va. (State or country)

FATHER

13. NAME Holt Denny

14. BIRTHPLACE (city or town) Va. (State or country)

MOTHER

15. MAIDEN NAME William O. Knight

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT 405 Poplar Grove St. (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date Oct. 16, 1937

19. UNDERTAKER Frank E. Kutzler (Address)

20. FILED Oct. 19, 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1937. to Oct. 14 1937

I last saw her alive on Oct. 14 1937. Death is said to have occurred on the date stated above, at 9.53 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma	?
Other contributory causes of importance:	none

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bessie Laughlin, M. D.

(Address) 400 N. Region St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 9 1937

10019 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ F 10019

CERTIFICATE OF DEATH

14-1159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Allen Towsond

If U.S. Veteran specify WAR .....

(a) Residence: No. Womans Hospital St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-16-37.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Womens Hospital Balto Md.

FATHER

13. NAME Edward Russell Allen

14. BIRTHPLACE (city or town) (State or country) Towson Md.

MOTHER

15. MAIDEN NAME Frances S. Houck

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs Edward Russell Allen (son)
(Address) Towson, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cems. Date Oct 16/37

19. UNDERTAKER Stewart & Mayer Company
(Address) 22 W. North Ave

20. FILED Huntington Williams Registrar
OCT 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-16 37. 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-16 1937 to 10-16 1937

I last saw h. alive on 10-16 1937 Death is said to have occurred on the date stated above, at 7 05 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (6½ months)	
Other contributory causes of importance: Caesarean Section	

Was an operation performed? Caesarean sec Date of 10-6 37

For what disease or injury? Placenta Praevia Centralis at 6½ mo. pregnancy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. P. Lewers M. D.

(Address) Woman's Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 16 1937 O 17

F 40020

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40020

CERTIFICATE OF DEATH

27-20108

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Union Mem. Hosp. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice A. (BANCROFT) Matthai

If U. S. Veteran specify WAR None

(a) Residence: No. 6901 Reisterstown Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Matthai

6. DATE OF BIRTH (month, day, year) May 3, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm Henry Jones

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Alice Bodeon

16. BIRTHPLACE (city or town) (State or country) Maryland England

17. INFORMANT Mr. W. Howard Matthai (son)

(Address) 415 E. Oliver Street

18. BURIAL, CREMATION, OR REMOVAL

Place David Ridge Cem. Date Oct 18 1937

19. UNDERTAKER Stewart & Mowen Company

(Address) 108-12 North Avenue

20. FILED OCT 19 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/15, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/14/37, 19 ..., to 10/15/37, 19 ...

I last saw her alive on 10/15/37, 19 ... Death is said to have occurred on the date stated above, at 3:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	10/10/37
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Robert H. Oliver M. D.

(Address) Union Memorial Hospital.

F 40020

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 5 1937

F 10021 HEALTH DEPARTMENT—CITY OF BALTIMORE F 10021

CERTIFICATE OF DEATH 23913 (MBY)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

Registered No. 1-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irene Bundy

If U. S. Veteran specify WAR

(a) Residence: No. 27 S. Duncan St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) 2/17/1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Hanson Edwards

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Susan --

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Oct 16th 37

19. UNDERTAKER Ehrey P Wilson
(Address) 1003 E Grantley Ave

20. FILED OCT 15 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1937, to October 13, 1937

I last saw her alive on October 13, 1937. Death is said to have occurred on the date stated above, at 2054 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic heart disease	March 1937
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) H A Lee Lauterbach M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 15 1937

H

F 10022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 10022

6-1 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 N. Ellwood av. St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Margaret E. Long

If U. S. Veteran specify WAR .....

(a) Residence: No. 17 N. Ellwood Ave Ward. 6

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of John Long

6. DATE OF BIRTH (month, day, year) Feb 26 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Jacob Behrens

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Lena Raumsaur

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT John Long (Address) 17 N. Ellwood av

18. BURIAL, CREMATION, OR REMOVAL Place Greenland Park Date 10/18/37

19. UNDERTAKER John Moran (Address) 3006 Baelton

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/15/1937

22. I HEREBY CERTIFY, That I attended deceased from 10-12-37, 19... to 10-15-37, 19...

I last saw h— alive on 10-12-37 19... Death is said to have occurred on the date stated above, at 12 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	
Cardio Hemorrhage	
Hypertension	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation .....

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If ... (Signed) H. Rinse Dudley, M. D.

(Address) 2886 E Baltimore

OCT 16 1937

VS 3

H

HEALTH DEPARTMENT—CITY OF BALTIMORE

40023 F 40023

CERTIFICATE OF DEATH 12-3 131

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2510 Green Mount Ave St., ... Ward)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James D. Jones

If U. S. Veteran specify WAR .....

(a) Residence: No. 2510 Green Mount Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Oct. 23. 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Jones

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Martha Denwood

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Ida Whaley
(Address) 2510 Green mount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore, Cemy. Date Oct 18. 1937

19. UNDERTAKER John Mitchell & Sons.
(Address) 1900 Eutaw Place.

20. FILED OCT 17 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15. 1937

22. I HEREBY CERTIFY That I attended deceased from Oct 1. 37 to Oct. 15. 37

I last saw him alive on Oct. 15. 1937 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	several years
Enlarged Prostate	
Other contributory causes of importance:	
old age.	new

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Thos. C. Blake, M. D.

(Address) Medical Arts Bldg.

IMPORTANT: In filling, applies. Any should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 10024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12-556

F 10024

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 E 21st St., St., Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza Frisby

If U. S. Veteran specify WAR

(a) Residence: No. 12 E. 21st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Color	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 13/1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) May - 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) James Frisby Md

MOTHER

15. MAIDEN NAME Ida Gordon

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Jennie Frisby.

(Address) 12 E. 21st St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 10-17- 37

19. UNDERTAKER Mrs Ada E Elliott-Daughter

(Address) 1129 N. Caroline St.

20. FILED Registrar.

OCT 17 1937

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/27, 1937 to 10/14, 1937

I last saw h alive on Oct 13, 1937. Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Endocarditis	
acute nephritis	8/27/37

Other contributory causes of importance:

acute Pneumonia	
Fever — 6 days	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Fred Syndacker M. D.

(Address) 1122 E Fayette

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 40025

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40025

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Genral Hospital Ward) 11-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Finley E Helmick

If U. S. Veteran specify WAR .....

(a) Residence: No. 1246 Haddaway Rd Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Margaret E Helmick

6. DATE OF BIRTH (month, day, year) Nov 24 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wire Puller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethelehem Steel Co

10. Date deceased last worked at this occupation (month and year) 0086

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rapline Va

FATHER

13. NAME William Helmick

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Ella Miller

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Margaret E Helmick
(Address) 1246 Haddaway Road

18. BURIAL, CREMATION, OR REMOVAL
Place Rapline Va Date Oct 19 1937

19. UNDERTAKER John F Denny
(Address) 715 Light St

20. FILED ..... 19.... Registrar

CT 7 1937

(Examiner) (Locality)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-16 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-15- 1937 to 10-16 1937

I last saw him alive on 10-16 1937 Death is said to have occurred on the date stated above, at 12:20 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset .....

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H Ellwood M. D.

(Address) Md. General Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 40026

40026 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 18-146D

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 908 Bennitt Pl., St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen M. Grass. If U. S. Veteran specify WAR

(a) Residence: No. 908 Bennit Place St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Widowed
6a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Harry Grass.
6. DATE OF BIRTH (month, day, year): Jan 15th 1897.
7. AGE: Years 39. Months 5 Days 29. If less than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic. 0070
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home work.
10. Date deceased last worked at this occupation (month and year): Dec. 1936
11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): Calvert Co Maryland.

FATHER
13. NAME: Isaac Bowen
14. BIRTHPLACE (city or town) (State or country): Calvert Co Maryland

MOTHER
15. MAIDEN NAME: Annie Carter
16. BIRTHPLACE (city or town) (State or country): Calvert Co. Maryland

17. INFORMANT (Address): Virginia Golder 908 Bennet Place

18. BURIAL, CREMATION, OR REMOVAL — Place: Mutual Cemetery Calvert Co Date: 10/17 1937

19. UNDERTAKER (Address): Saml. H. Chase & Son 638 N. Eutaw

Filed OCT 17 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 14th 1937

22. I HEREBY CERTIFY, That I attended deceased from July 14th 1937 to Oct 14th 1937. That I saw her alive on Oct. 13th 1937. Death is said to have occurred on the date stated above, at 11.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Rectum & Bladder with Uterine complications	about Dec. 1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date

What test confirmed diagnosis? Clinical & Microscopic

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. T. Burns M. D.

(Address) 522 N. Arlington Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

40027 HEALTH DEPARTMENT—CITY OF BALTIMORE 40027

CERTIFICATE OF DEATH

25349 S B

27-15 95 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Lee

If U. S. Veteran specify WAR

(a) Residence: No. 4029 Lewiston Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-15-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Andrew

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Jones

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date Oct 17 1937

19. UNDERTAKER McGuigan Cook
(Address) 1217 St Paul Street

20. FILED OCT 17 1937, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-27, 1937, to 10-16, 1937

I last saw him alive on 10-16, 1937. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	Unknown
Benign prostatic hypertrophy	5 months
Arterio sclerotic cardio vascular disease	Unknown

Other contributory causes of importance:

Was an operation performed? Yes Date of 9-15-37

For what disease or injury? Prostatic hypertrophy

Name of operation Resection prostate

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) K. K. Woodward jr. M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40028

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40028

CERTIFICATE OF DEATH 13-1 94a

1. PLACE OF DEATH Entaw Place & Brooks Lane — Registered No.

CITY OF BALTIMORE: (No. Esplanade Apts. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Merla F. Trachtman — If U. S. Veteran specify WAR

(a) Residence: No. Esplanade Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Trachtman

6. DATE OF BIRTH (month, day, year) Oct. 29 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph Friedenwald

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosa Rosenwald

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Dr. Alan Trachtman
(Address) 5603 Rodney Place

18. BURIAL, CREMATION, OR REMOVAL.
Place Balto. Hebrew Cy. Date Oct. 18 1937

19. UNDERTAKER David Sonnenmoon Son
(Address) 1902 Entaw Place

20. FILED Oct 17 1937 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 16 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/14/37, 1937, to 10/16, 1937.
I last saw her alive on 10/16 1937. Death is said to have occurred on the date stated above, at 2.75 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10/16/37
Other contributory causes of importance:	
Angina Pectoris	10/14/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation Cardiogram

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edwin F. Mayer M. D.

(Address) Esplanade Apts.

OCT 17 1937

10029

HEALTH DEPARTMENT—CITY OF BALTIMORE

10029

CERTIFICATE OF DEATH 27234 (MB)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 8-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Francis Allard

If U. S. Veteran specify WAR .....

(a) Residence: No. 1612 Rutland Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie

6. DATE OF BIRTH (month, day, year) 11/25/1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Laborer~~ Supervisor Bldg. Maint. 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lydia Moberly

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Date Oct. 18 1937

19. UNDERTAKER Henry Hook Sons Inc (Address) 130 E Eager St

20. FILED ..... 19 ..... Registrar

OCT 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 5, 1937, to October 15, 1937

I last saw him alive on October 15, 1937. Death is said to have occurred on the date stated above, at 1:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver	1937

Other contributory causes of importance: none

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. J. De Lautelle M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 40030

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40030

CERTIFICATE OF DEATH

V 423

7-423

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 W. Castle St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W. Rodrick

If U. S. Veteran specify WAR

(a) Residence: No. 1029 W. Castle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Rodrick

6. DATE OF BIRTH (month, day, year) June 16-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	3	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grinder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baumgarten

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Rodrick

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. George Wiseman

(Address) 1912 E. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Immanuel Cem. Date Oct. 18-37 19

19. UNDERTAKER John G. Miller

(Address) 2334 Jefferson St.

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 26, 1937, to October 15, 1937

I last saw h alive on October 15, 1937 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	
Other contributory causes of importance:	
Chronic Myocarditis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank J. Ayd, M. D.

(Address) 2005 E. Monument St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 17 1937

F 40031

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40031

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 15-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah C. Renehan

If U.S. Veteran specify WAR

(a) Residence: No. 1644 N. Fulton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 4 - 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	—	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Renehan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Kennedy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Agnes Renehan

(Address) 1644 N. Fulton Av

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 10-18-37

19. UNDERTAKER Albert W. Dercgay

(Address) 440 E North Ave

20. FILED OCT 17 1937 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from March, 1934 19 ... to Oct. 15 ... 1937

I last saw her alive on Oct. 15 19 37 Death is said to have occurred on the date stated above, at 4:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Demented Prec. of Arrested Pulmonary T.B. ?	?

Other contributory causes of importance:

Rt cerebral hemorrhage	4 days

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Damian P. Klapp M. D.

(Address) 3326 Federal St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10032 John Pankrafth F 10032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4-2108

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 507 W. Mulberry St. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John Pankrafth

If U. S. Veteran specify WAR .....

(a) Residence: No. 507 W. Mulberry St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not Known

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Oct 18 1937

19. UNDERTAKER Albert W. Deregay

(Address) 1426 E. North Ave

20. FILED ..... 19 ..... Registrar

OCT 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) F. H. Crellin, M. D.

(Address) 2757 W. North Ave Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

E 40033

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40033

V 92a

6-1

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 N. Streeper St., ... Ward)

Length of residence in city or town where death occurred 64 yrs. 1 mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Mason

(a) Residence: No. 117 N. Streeper St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Mason

6. DATE OF BIRTH (month, day, year) Sept 13. 69

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 62

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Court House 00

10. Date deceased last worked at this occupation (month and year) May 07

11. Total time (years) spent in this occupation 1918

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Mason

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Julia Mason
(Address) 117 N. Streeper

18. BURIAL, CREMATION, OR REMOVAL
Place Newark Cem Date 10-18- 1937

19. UNDERTAKER J. Wm. C. Miller Inc
(Address) 2435 E. Oliver St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14 - 1937

22. I HEREBY CERTIFY, That I attended deceased from May 8 1937 to Oct 14 1937

I last saw h.m. alive on Oct 14 1937. Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	2wks ago

Other contributory causes of importance: Myocarditis Endocarditis 1932
Chronic Interstitial Nephritis
Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Abram B Lingan M. D.
(Address) 718 N Park Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

C. F. 1937

F 10034 HEALTH DEPARTMENT—CITY OF BALTIMORE F 10034

CERTIFICATE OF DEATH

26-10 V 124 a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leslie Gilbert

If U. S. Veteran specify WAR

(a) Residence: No. 3336 E Balto St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Margt. Gilbert

6. DATE OF BIRTH (month, day, year) Nov-7-1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	11	8 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6659

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Otis Gilbert

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Walker

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mary Marg. Gilbert

(Address) 3338 E Balto St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 10-18- 193

19. UNDERTAKER Roland Miller Inc

(Address) 2435 E Oliver St

20. FILED 193

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-14-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 9-8-37 19 to 10-14-37 19

I last saw h[illegible] alive on 10-14-37 19 . Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Alcoholic Sclerosis of liver	

Other contributory causes of importance:

Hemorrhage of esophageal Veins	2 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irvin Sanford . M. D.

(Address) Sinai Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40035

F 40035 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 1937a C C

CITY OF BALTIMORE: (No. Ray View St., 26 Ward) 22-1

Registered No. 1877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Ann Palmer

(a) Residence: No. 611 Hanover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced (or) WIFE of William E. Palmer

6. DATE OF BIRTH (month, day, year) June 14-1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 03

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Georges Co. Md.

FATHER

13. NAME Francis B. Haines

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

MOTHER

15. MAIDEN NAME Barbara K. Albaugh

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Mrs. W. C. Baker

(Address) 437 S. Paca St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park State Md. 10/19 1937

19. UNDERTAKER H. M. Cook

(Address) 1217 E. Fayette St.

20. FILED OCT 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	4 Years
Asthenia	1 Year
	7 Days

Other contributory causes of importance: Myositis Senile

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No. Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood Coroner M. D.

(Address) 1712 N. Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40036

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40036

CERTIFICATE OF DEATH

1930

1-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 N. Wolfe St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susie W. Bowen

If U. S. Veteran specify WAR .....

(a) Residence: No. 205 S. Robinson St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benamin Bowen

6. DATE OF BIRTH (month, day, year) Dec 20 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	85	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

FATHER

13. NAME Edward Smith

14. BIRTHPLACE (city or town) (State or country) Calvert Md

MOTHER

15. MAIDEN NAME Mackenzie

16. BIRTHPLACE (city or town) (State or country) Calvert Md

17. INFORMANT Hattie E. Bowen

(Address) 505 N. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL

Place Mon Lock Date 10/18 1930

19. UNDERTAKER Thomas Lodge

(Address) 1317 E. Fayette St

20. FILED ... 19... Registrar

OCT 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 4 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40037

40037 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 25-382a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2047 Annapolis Road Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME William Bragg
(a) Residence: No. 2047 Annapolis Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Rose A. Bragg
6. DATE OF BIRTH (month, day, year): Aug. 8 - 1859
7. AGE: Years 78 | Months 2 | Days 12 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Glass
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Blower 0086
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER
13. NAME: James Bragg
14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER
15. MAIDEN NAME: Margaret Short
16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT (Address): Mr. James Bragg 2047 Annapolis Road

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Cem. Date: Oct. 19. 1937

19. UNDERTAKER (Address): Jamie C. Syfer 1600 W. North Ave.

20. FILED 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1937 to Oct 15 1937
I last saw him alive on Oct 14 1937 Death is said to have occurred on the date stated above, at 11-P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	
CEREBRAL HEMORRHAGE	4 days

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward L. Thelan M. D.
(Address) 6 W. Madison St. 13th

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 10038 HEALTH DEPARTMENT—CITY OF BALTIMORE F 10038

CERTIFICATE OF DEATH

16 1937a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2900 Elicott Drive Way Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William E. Mepham.

If U. S. Veteran specify WAR

(a) Residence: No. 2900 Elicott Drive Way, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Mepham.

6. DATE OF BIRTH (month, day, year) Feb 19 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Violin Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md.

FATHER

13. NAME Andrew O. Mepham

14. BIRTHPLACE (city or town) (State or country) Balto Co Md.

MOTHER

15. MAIDEN NAME Mary E Craft

16. BIRTHPLACE (city or town) (State or country) Balto Co Md.

17. INFORMANT Mary A Mepham.
(Address) 2900 Elicott Drive Way

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Date 10-18-1937

19. UNDERTAKER Mrs. Chas. A. G. Rohde
(Address) 2327 Edmondson Ave

20. FILED OCT 19 1937 Harrington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1937 to Oct 15, 1937

I last saw him alive on Oct 14, 1937. Death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Acute Dilatation of Heart	
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Phys Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no

(Signed) Edwin A. Graham M. D.

(Address) 12 19 Poplar Drive

Dr. TRAND 1219 Poplar Drive

V S 3 64

E 40039

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40039

CERTIFICATE OF DEATH

26-423

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 S. Fagley St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Conrad Mack

(a) Residence: No. 816 S. Fagley St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Kunigunda Mack

6. DATE OF BIRTH (month, day, year) July 15/1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Long Shoreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0074

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Christian. Mack

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia. ?

16. BIRTHPLACE (city or town) (State or country) Rumania

17. INFORMANT Kunigunda Mack (Wife)

(Address) 816 S. Fagley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Haert Date Oct. 18/37

19. UNDERTAKER Lilly & Zeiler INC.

(Address) 403 N. Wolfe St.

20. FILED ..... 19..... Registrar.

OCT 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept-8, 1937 to Oct. 15, 1937

I last saw him alive on Oct 15, 1937. Death is said to have occurred on the date stated above, at 2/45 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	

Was an operation performed? no Date of -

For what disease or injury? -

Name of operation -

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify -

(Signed) I Joseph Tenbery M. D.

(Address) 441 N. Ellwood Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 10040

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10040

CERTIFICATE OF DEATH

26-10/21

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 S. Clinton St. St. 26 Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma W. OConor

(a) Residence: No. 220 S. Clinton St. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Charles OConor

6. DATE OF BIRTH (month, day, year) June 16-1849

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
88	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hampden Va.

FATHER

13. NAME Thomas Kane

14. BIRTHPLACE (city or town) (State or country) Hampden Va.

MOTHER

15. MAIDEN NAME Susie Elliott

16. BIRTHPLACE (city or town) (State or country) Hampden Va.

17. INFORMANT Mrs. Thomas Davis (Neice)

(Address) 4215 White Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Oct. 18/37

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 403 S. Wolfe St.

20. FILED ..... 19..... Registrar

OCT 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 16 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 11 1937 to Oct. 16 1937

I last saw her alive on Oct. 15 1937 Death is said to have occurred on the date stated above, at 12/10 A.M.

The principal cause of death and related causes of importance were as follows:

Acute Bronchitis — Date of onset

Other contributory causes of importance:

Chronic Myocarditis

Senility

Name of operation No Date of

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Joseph Tenbey M. D.

(Address) 441 S. Ellwood Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 40041

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40041

CERTIFICATE OF DEATH

126

13-7

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hosp. ~~Mrs. Lola Strader~~ St., ... Ward)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Lola Strader

If U.S. Veteran specify WAR .....

(a) Residence: No. 4005 Hickory ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. ~~Single, Married,~~ Widowed. ~~Divorced.~~
Fem'l	White	Richard Strader

5a. If ~~married, widowed, or divorced~~ HUSBAND (or) WIFE of Richard Strader Widowed

6. DATE OF BIRTH (month, day, year) May 15-1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Muncy Indiana

FATHER

13. NAME Not Known

14. BIRTHPLACE (City or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Lola Barr

16. BIRTHPLACE (City or town) (State or country) Indiana

17. INFORMANT (Address) Mrs. B. Meeteer 6 Bryant Ave

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Date 10/19/37

19. UNDERTAKER (Address) Geo. H. Lounsbach 520 Eutaw St

20. FILED ... 19 ... by ... Baltimore, Md.

CT 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15. 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 22. 1937. to Oct. 15. 1937.

I last saw ~~her~~ alive on Oct. 15. 1937. Death is said to have occurred on the date stated above, at 10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolus	10/14/37
Carotid Aneurysm, Right	?
Chronic Myocarditis & Mitral Insufficiency.	?
Other contributory causes of importance:	
Localized Peritonitis (Gall-Bladder Region)	10/9/37
Acute Intestinal Obstruction	10/12/37

Was an operation performed? yes Date of .....

For what disease or injury? Emphysema of Gall-bladder

Cholelithiasis

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. P. Sellers M. D.

(Address) Woman's Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

E 10042

10042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 20-1 51C

1. PLACE OF DEATH Bon Secours Hosp.

CITY OF BALTIMORE: (No. Fayette & Pulaski St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles L. Mesters

If U. S. Veteran specify WAR

(a) Residence: No. 1824 Penrose Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/4/62

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Agt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fire Insurance 0091

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Joseph Mesters

14. BIRTHPLACE (City or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wohlmuna Wöenig

16. BIRTHPLACE (City or town) (State or country) Germany

17. INFORMANT Henry F. Mesters M.D.
(Address) Shulbs Burg Md

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date 10/18/37

19. UNDERTAKER George A. Fahey
(Address) Fayette

20. FILED OCT 19 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/15/, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/10/ 1937 to 10/15/ 1937

I last saw him alive on 10/15/ 1937. Death is said to have occurred on the date stated above, at 12:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Cancer of the prostate	
Arteriosclerotic cardio vascular disease	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, state

(Signed) Chas B. Marsh M. D.

(Address) Bon Secours Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 40043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46a

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1807 N Monroe St., 15-2 Ward)

Length of residence in city or town where death occurred ... yrs. Life ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes F Goerty

(a) Residence: No. 1807 N Monroe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 30 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Nurses
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Hosp
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Hugo H Goerty
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Frederika Sheets
16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Harry E Goerty
(Address) 5121 Greenmount Rd

18. BURIAL, CREMATION, OR REMOVAL
St Charles Cem Date 10/18 37

19. UNDERTAKER George A Farley
(Address) Fulton & Fayette

20. FILED ... Williamsport Md
(Date) (Registrar)

OCT 1 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-14 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-13 . 1937 to 10-14 . 1937

I last saw h[er] alive on 10-13 . 1937. Death is said to have occurred on the date stated above, at 4-25 a m. 10-14-37

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of oesophagus - evacuation and post operative shock	
Other contributory causes of importance: Post operative shock	

Was an operation performed? yes Date of 10-13-37

For what disease or injury? Carcinoma of oesophagus

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... . 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Henry L. Rogers M. D.

(Address) Emergency Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M 40044

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40044

CERTIFICATE OF DEATH

10-1408

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1116 Sisters of Prov St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Peter F. Reilly

(a) Residence: No. Little Sisters of the Poor St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 7 - 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67		9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinsmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0084
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER
13. NAME John Reilly
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Annie Conners
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Sup
(Address) 1300 Valley St., city

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 10/18/37 19
Ft. Wadsfield

19. UNDERTAKER
(Address) 914 Fremont Ave

20. FILED OCT 19 1937, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 16 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 11 1937 to Oct 16 1937
I last saw him alive on Oct 16 1937. Death is said to have occurred on the date stated above, at 6.45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Lobar Pneumonia	6 D.
Other contributory causes of importance: Chr Nephritis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Emil Carlson, M. D.

(Address) 114 Eastern Ave

F 40045

40045 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

B-1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2401 Eutaw Place St. Ward)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME David Ehrlich

(a) Residence: No. 2401 Eutaw Place St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sofie

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czecho-Slovakia

FATHER

13. NAME Adolf Ehrlich

14. BIRTHPLACE (city or town) (State or country) Czecho-Slovakia

MOTHER

15. MAIDEN NAME Emma

16. BIRTHPLACE (city or town) (State or country) Czecho-Slovakia

17. INFORMANT Louis Ashman

(Address) 2401 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL Weisert Cemetery Date 10-18-37

19. UNDERTAKER Jack Levy Co.

(Address) 1939 E Pratt St

20. FILED ... 19 ... Registrar

CT 11 1031

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 16 1937

22. I HEREBY CERTIFY, That I attended deceased from January 1937, to October 16, 1937

I last saw h[e] alive on Oct. 16, 1937. Death is said to have occurred on the date stated above, at 5.35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Cardio-Vascular Renal disease	(1931) 6 yrs
Other contributory causes of importance: Bronchopneumonia	1 week

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A Abrams M. D.

(Address) 2360 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 40046

F 40046 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 53E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 Park ave St., 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? 20 yrs. mos. ds.

2. FULL NAME Fannie Rubinstein

(a) Residence: No. 1214 Park ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Rubinstein

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42 years	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lithuania (State or country)

FATHER

13. NAME Leib Kahn

14. BIRTHPLACE (city or town) Lithuania (State or country)

MOTHER

15. MAIDEN NAME S. Pulra

16. BIRTHPLACE (city or town) Lithuania (State or country)

17. INFORMANT Abraham Rubinstein
(Address) 1214 Park ave

18. BURIAL, CREMATION, OR REMOVAL
Place Herring Run Date 10-18 . 1937

19. UNDERTAKER Jack Lewis Inc.
(Address) 1439 E. Baltimore St.

20. FILED . . 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-16 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 . 1937 to Oct 15 . 1937.

I last saw her alive on Oct 15 . 1937. Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma	
Other contributory causes of importance: Terminal Bronchopneumonia	

Name of operation Biopsy removal of gland Date of .....

What test confirmed diagnosis? Biopsy Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B. Kahn . M. D.

(Address) 2306 Eutaw Place

GPO 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37 4901
37 10047

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10047

CERTIFICATE OF DEATH

✓ 120

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ... St. 7-S ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lida Jackson

If U. S. Veteran specify WAR

(a) Residence: No. Chin Dr - Harrede St Grace Ward. Md C

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard

6. DATE OF BIRTH (month, day, year) 1914

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
23			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife & Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Stephen Stanislaus M D -

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Florence "

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Records -

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL: Place St James A.M.E. Date Oct. 19 37

19. UNDERTAKER Elmer E. Bullock

(Address) Havre de Grace

FILED OCT 13 1937 - [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1937 to Oct 16, 1937

I last saw him alive on Oct 16, 1937. Death is said to have occurred on the date stated above, at 23-50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Colitis	3 yrs.
Inanition	2 mos.
Non specific skin ulcerations	2 mos.

Other contributory causes of importance:

Was an operation performed? no Date of -

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Otenasek 3853 M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

40048 E 40048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. South Balto. Gen. Hosp. St. Ward) 4

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 27 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Stanislawski

(a) Residence: (No. 2621 Fait Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Michalina

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odds
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER
13. NAME George
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (city or town) (State or country) =

17. INFORMANT Michalina Stanislowska
(Address) 2621 Fait ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosery Date 10/19 37

19. UNDERTAKER John J. Puda
(Address) 228 N. Hudson st

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-3 1937 to 10-15 1937
I last saw HIM alive on 10-15 1937 Death is said to have occurred on the date stated above, at 7:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10-3-37
Other contributory causes of importance:	

Was an operation performed? No Date of -
For what disease or injury?
Name of operation -
What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Elgon Resnick M. D.
(Address) S. B. Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10049 — F 10049 — Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St., 20 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude F. Appel

(a) Residence: No. 530 S. Bentalou St., 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph E. Appel

6. DATE OF BIRTH (month, day, year) June 10-1898.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Alois M. Schaffer

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Bolte

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. Joseph E. Appel.
(Address) 530 S. Bentalou St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct 18-37 19

19. UNDERTAKER Chas. B. Wispert & Son
(Address) 836 Eutaw place

20. FILED OCT 18 1937 Harrington Williams, D.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1937 to Oct. 17, 1937

I last saw h[illegible] alive on Oct. 17, 1937. Death is said to have occurred on the date stated above, at 10 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute toxic nephritis (Chronic Bromide Poisoning)	11/2/37
	Coma

Other contributory causes of importance:
Bil. pyelonephritis
Obesity

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Maurice J. Nicholson M. D.
(Address) University Hosp.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

HEALTH DEPARTMENT—CITY OF BALTIMORE

40050 F 40050

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3408 Wilkens ave St. 25-1 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George L. Hill

(a) Residence: No. 3408 Wilkens ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna L. Hill

6. DATE OF BIRTH (month, day, year) July 2, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	3	23.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Balto City Police Dept

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Adolph H. Hill

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Leach

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anna L. Hill

(Address) 3408 Wilkens ave.

18. BURIAL, CREMATION, OR REMOVAL Greenlawn Cemetery Oct. 19, 37

Place

19. UNDERTAKER J. B. Tyson & Son

(Address) 3rd & Cedar Elm

20. FILED OCT 18 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 37 to Oct 16, 37

I last saw h[illegible] alive on Oct 16, 37. Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Cardio Vascular disease — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel J. Watkins M. D.

(Address) 3rd & Baynes Public Hosp

OCCUPATION is very important. See instructions on back of certificate.

40051

HEALTH DEPARTMENT—CITY OF BALTIMORE

40051

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2015 Linden Ave St. 13-25 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Rust Boyd

If U. S. Veteran specify WAR World War Yes.

(a) Residence: No. 2015 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 30-1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Samuel R. Boyd

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Clockner

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT (Address) Mrs Mary U. Boyd 2015 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Oct 18, 37

19. UNDERTAKER (Address) C. B. Nuckel & Son Eastern Ave

20. FILED OCT 18 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14-1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 11- 1937 to Oct 14 1937

I last saw h.. alive on Oct 13- 1937. Death is said to have occurred on the date stated above, at 1. P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ischio-Rectal Abscess following bed sore	Oct. 11 1937
Other contributory causes of importance: Bronchio Pneumonia	Oct 12-

Was an operation performed? None Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Brow. Kemmler M. D.

(Address) 3001 Garrison Blvd.

OCCUPATION is very important. See instructions on back of certificate.

F 40052

HEALTH DEPARTMENT—CITY OF BALTIMORE

#27402 SF

CERTIFICATE OF DEATH

50 F 40052

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 13-L Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Cross

If U. S. Veteran specify WAR .....

(a) Residence: No. 900 Wellington St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wallace

6. DATE OF BIRTH (month, day, year) 10/15/1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Fleming

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Eleanor Davis

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date Oct 18, 1937

19. UNDERTAKER Ehrenfeld & Son

(Address) 3615-17 Eldorado Ave

FILED OCT 18 1937 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 11, 1937, to October 15, 1937

I last saw her alive on October 15, 1937 Death is said to have occurred on the date stated above, at 4:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-8-37
Other contributory causes of importance: Carcinoma of breast	1936

Was an operation performed? Yes Date of 1936

For what disease or injury? Carcinoma of breast

Name of operation Amputation of Breast

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. de Santalla M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 40053

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40053

CERTIFICATE OF DEATH

8885 ✓23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 23-1 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ✓ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thelma Aldridge

(a) Residence: No. 147 W. Cross St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/12/29

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Randolph Aldridge

14. BIRTHPLACE (city or town) (State or country) Ga -

MOTHER

15. MAIDEN NAME Gerlaud Johnson

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Nearest -

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Oct 18 37

19. UNDERTAKER James A Stayton

(Address) 142 N. Eutaw

20. FILED Washington & Williams, N.C.

OCT 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1937 to Oct 15 1937

I last saw her alive on Oct 15 1937. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Tuberculous meningitis — Date of onset 10/1/37

Miliary TBc — 9/25/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. F. Korns, M. D.

(Address) J. H. Hospital

OCCUPATION is very important. See instructions on back of certificate.

E 40054

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40054

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 Riggs Ave Street) 16-2 (Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma R Holmes

(a) Residence: No. 1523 Riggs Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H Holmes

6. DATE OF BIRTH (month, day, year) 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Long Hill Md

FATHER

13. NAME E Tudsbury

14. BIRTHPLACE (city or town) (State or country) Long Hill Md

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Wm H Holmes
(Address) 1523 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 18 1937

19. UNDERTAKER E. Kelsey
(Address) 1303 Pennsylvania Ave

20. FILED ..... 19 ..... Registrar

OCT 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence ... (Inquest, Autopsy or Inquiry) find that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Oct 14 1937
Other contributory causes of importance: Nonarteriosclerotic chronic nephritis	?

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George E. Kelsey, M. D.

(Address) 50 Aurora Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

F 40055

40055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 210-M

Registered No. 27-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George H. Thiemeyer

(a) Residence: No. 4000 Northern Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth M. Thiemeyer

6. DATE OF BIRTH (month, day, year) Aug. 14, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R.

10. Date deceased last worked at this occupation (month and year) Oct. 15, 1937

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Mrs. E. M. Thiemeyer
(Address) 4000 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Oct. 20, 1937

19. UNDERTAKER 7401 Belair Road
(Address)

20. FILED OCT 18 1937, 19 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/16-37, 19 , to 10/16-37, 19 ; I last saw [illegible] alive on [illegible] Death is said to have occurred on the date stated above, at m.

Injury Coroner

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Injuries	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 10/15, 1937

Where did injury occur? Cedona + Raspaire (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Collision between two

Nature of injury Auto cars

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hubert H Gurley Coroner M. D.

(Address) 907 N. Charles

10056 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10056

CERTIFICATE OF DEATH

93c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 189 E. Gittings Ave. St. 27-12 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME FRANK S. BALL

(a) Residence: No. 189 E. Gittings Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida May Ball

6. DATE OF BIRTH (month, day, year) June 21.1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odo

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Steven Ball

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Geo. Goodwin (Daughter)
(Address) 189 Gittings Ave.

18. BURIAL, CREMATION, OR REMOVAL
Moreland Memorial Park Date Oct. 18. 1937

19. UNDERTAKER HENRY SANDER & SONS. INC. Geo. T. Sander
(Address) Baltimore & Broadway.

20. FILED ..... 19..... Registrar .....

OCT 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15. 1937

22. I HEREBY CERTIFY, That I attended deceased from over 10 years Oct - 15 . 1937

I last saw him alive on Oct. 15 . 1937. Death is said to have occurred on the date stated above, at 11.15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset	Duration
Chronic Myocarditis		
Other contributory causes (if important): Arthritis Deformans		Long Duration

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) H. C. Kous M. D.

(Address) 5600. York Rd. Baltimore Md

OCCUPATION is very important. See instructions on back of certificate.

F 10057

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10057 10444 SF

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 9-9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME a. John Gennon

If U. S. Veteran specify WAR .....

(a) Residence: No. 1419 E. Lafayette Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7/12/1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
28	28	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beth. Steel Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Del.

MOTHER

15. MAIDEN NAME Margaret Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 10/20/37 19

19. UNDERTAKER George A. Rath Inc.
(Address) 1735 W. Baltimore St.

20. DATE 19 Registrar.

OCT 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 13, 1937, to October 15, 1937.

I last saw him alive on Octber 15, 1937. Death is said to have occurred on the date stated above, at 4.45 P m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 10-11-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. McCardell M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 40058

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40058

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 N Eden) St. 10-2 Ward

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Eleanora Marshall

If U. S. Veteran specify WAR .....

(a) Residence: No. 814 N Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Marshall

6. DATE OF BIRTH (month, day, year) ? 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Johnson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Emma Craney

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Joseph Marshall

(Address) 814 N Eden

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Oct 18 1937

19. UNDERTAKER Robert McLean

(Address) 15-15 N Eden St

20. FILED ..... 19 ..... Registrar.

OCT 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset Oct 14 1937

Other contributory causes of importance: .....

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Hist — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Geo C. Allen M. D.

(Address) 50 Cumberland St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 10053 Sr

10059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#27422

122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 26-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth 28 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lebo Bennett or Di Benedetto

(a) Residence: No. 505 Rappolla St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances

6. DATE OF BIRTH (month, day, year) 3/19/1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	55	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Anthony

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Lucille Onesinti

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Oct 19 1937

19. UNDERTAKER Frank Wallace
(Address) 1421 N. Monroe St.

20. FILED Registrar

OCT 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-15 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-12 1937 to 10-15 1937

I last saw him alive on 10-15 1937 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated inguinal hernia	10/12
Bronchopneumonia	10/13
Peritonitis	10/13

Other contributory causes of importance:

Was an operation performed? Yes Date of 10/12

For what disease or injury? Strangulated hernia

Name of operation Release strangulated hernia

What test confirmed diagnosis Surgery Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) L.K. Woodward, M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

10060 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 10060

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 W Biddle St., 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence J. Finsley

U S Veteran specify WAR .....

(a) Residence: No. 522 W Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 1, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Oct 10

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Harford Co Md

FATHER

13. NAME: James Finsley

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Ida Gordon

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Jessie Finsley 12 E 20 St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 10-18- 37

19. UNDERTAKER (Address): Mrs R. O. Elliott-Daughtz 1129 N. Carrollton Ave

20. FILED 10 1937 Washington Indiana

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 . 1937 to Oct 15 . 1937

I last saw him alive on Oct 14 . 1937 Death is said to have occurred on the date stated above, at 12 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	Unknown
Other contributory causes of importance: Hypertension and Nephritis	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. K. Young M. D.

(Address) 1429 E Northumberland St

F 10061

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10061

CERTIFICATE OF DEATH

27-3 ✓ 82-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. John Hopkins Hosp St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Eugene W. Barker

If U. S. Veteran specify WAR .....

(a) Residence: No. 24 or Goodwood Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline V. Barker

6. DATE OF BIRTH (month, day, year) Jan 20 - 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale

10. Date deceased last worked at this occupation (month and year) Oct 1937

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Harry C Barker

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Gloria Thompson

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Gloria Caroline Barker

(Address) 24 or Goodwood Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Oct 18 1937

19. UNDERTAKER John Ulrich

(Address) 2008 Orleans St

20. FILED OCT 19 1937 .....

Registrar

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cute - arachnoid hemorrhage (Undetermined origin)	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber, M. D.

Coroner

(Address) 1919 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

V S 6

10062

HEALTH DEPARTMENT—CITY OF BALTIMORE

10062

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hosp 210-W

CITY OF BALTIMORE: (No. ..... St. 27-12 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Ruth Strange

(a) Residence: No. 209 - Stirling Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Burton Strange

6. DATE OF BIRTH (month, day, year) Dec - 8 - 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Walter T Russell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Dora Whitford

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Edward Burton Strange
(Address) 209 Stirling Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn C.K. Date Oct 19 1937

19. UNDERTAKER Leonard J. Buck
(Address) 2305 Harford Rd.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-16 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Spleen	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10-16 1937

Where did injury occur? York Road & Belvedere Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ..... Street

Manner of injury Struck by Auto while crossing street

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Hartwell Stanley Coroner M. D.

(Address) 907 N Charles St

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10063

CERTIFICATE OF DEATH

59 F 10063

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 South Paca Street St. 27-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME David L. Mac Quarrie

(a) Residence: No. 606 South Paca Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna V. Mac Quarrie

6. DATE OF BIRTH (month, day, year) Mar 27 1874

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	63	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Edna V. MacQuarrie
(Address) 606 South Paca Street

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct. 18 1937

19. UNDERTAKER Wm. J. Tickner & Sons
(Address) North & Pa aves.

20. FILED 1937 Registrar.

OCT 18 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1932 to Oct. 15 1937

I last saw h[illegible] alive on Oct 14 1937. Death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1928

Other contributory causes of importance:

Chronic myocarditis
Chronic Nephritis

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Sugar Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify.

(Signed) Willard E. Parker, M. D.

(Address) Asheville N. C.

OCCUPATION is very important. See instructions on back of certificate.

10064

HEALTH DEPARTMENT—CITY OF BALTIMORE

10064

CERTIFICATE OF DEATH

15-11 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mr. Thomas S. Everitt

If U. S. Veteran specify WAR

(a) Residence: No. 3716 Barrington Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agatha M. Everitt

6. DATE OF BIRTH (month, day, year) Feb. 22, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Head clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Francis A. Everitt

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Emma V. Cosgrove

16. BIRTHPLACE (city or town) (State or country) Alexandria Va.

17. INFORMANT Mrs. Agatha M. Everitt

(Address) 3716 Barrington Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk. Date Oct 20 37

19. UNDERTAKER Wm. J. Lichner & Sons

(Address) North & Pa. aves.

20. FILED OCT 18 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-18-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-11-1937 to 10-18-1937

I last saw h[im] alive on 10-18-1937. Death is said to have occurred on the date stated above, at 3:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis, acute attack	1932 10-9-37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benj. H. Isaacs M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

10065

HEALTH DEPARTMENT—CITY OF BALTIMORE F 40065

CERTIFICATE OF DEATH. 27-14-93-C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4802 Roland Ave. (St.) 27 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Margaret Callahan

(a) RESIDENCE NO. 4802 Roland Ave. (St.) 27 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. -- mos. -- ds. How long in U.S. if of foreign birth? -- yrs. -- mos. --- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of -------

6 DATE OF BIRTH (month, day, and year) -------

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	About 70	---	---	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Timothy Callahan

11 BIRTHPLACE OF FATHER (city or town) --------
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Not obtainable

13 BIRTHPLACE OF MOTHER (city or town) " "
(State or country) " "

14 Informant Mrs. Aquilla Jackson
(Address) 4802 Roland Avenue

15 Filed OCT 18 1937 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/16/37

17 I HEREBY CERTIFY, That I attended deceased from 10/16/37 to 10/16/37.

that I last saw her alive on 10/16/37.

and that death occurred, on the date stated above, at 4:45 m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

15 years, Repeated Pneumonia

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Congestion Kidney

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Henry T. Casper M. D.

10/16, 19 37 (Address) 1 Upland Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 10/19 1937

UNDERTAKER: Henry U. Mears and Son — ADDRESS: 806 N. Calvert St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Dalton

10066 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 10066

CERTIFICATE OF DEATH

54

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 536 Mc. Mechen St. Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Dalton
If U.S. Veteran specify WAR
(a) Residence: No. 536 Mc. Mechen St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 30, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47 46	10	17/6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER
13. NAME George H Barnes
14. BIRTHPLACE (city or town) (State or country) pa

MOTHER
15. MAIDEN NAME Margret Saunders
16. BIRTHPLACE (city or town) (State or country) pa

17. INFORMANT Mrs Richard Ford
(Address) 615 Gilbert St
18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Cem Date Oct 17 1937
19. UNDERTAKER Elmer O Wilson
(Address)
20. FILED OCT 19 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16 1937
I HEREBY CERTIFY, That I attended deceased from June 12 1937 to Oct 16 1937
I last saw her alive on Oct 15 1937 Death is said to have occurred on the date stated above, at 4 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	6/17/37
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) B. N. Hatcher M. D.
(Address) 1625 Eutaw Pl.

OCCUPATION is very important. See instructions on back of certificate.

10067

HEALTH DEPARTMENT—CITY OF BALTIMORE

10067
#27292

CERTIFICATE OF DEATH

✓ 34-9-95 SF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 14-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Chin Brown

If U. S. Veteran specify WAR

(a) Residence: No. 1805 Madison Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married (sep.)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alonzo Brown

6. DATE OF BIRTH (month, day, year) 1/12/02

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Henry Chin

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Laura

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hopewell Date Oct 19 1937

19. UNDERTAKER Charles H Ward

(Address) Marion md

20. FILED 19 by Williams, Reg.

OCT 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 7, 1937, to October 16 1937

I last saw her alive on October 16, 1937. Death is said to have occurred on the date stated above, at 7:50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	6 yrs

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. DeSautelle, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

E 10068

10068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Sarah Hardy

(a) Residence: No. 119 E. Preston St., ... Ward. Born

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) May 14, 1878.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10. Date deceased last worked at this occupation (month and year) Dec. 1931

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Patrick Hardy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Barry

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs A. E. Mitchell (Sister).

(Address) 1930 Belmore Ave., Balto.

18. BURIAL, CREMATION, OR REMOVAL Va. Date 2/21. 37

Rural View Cemetery

19. UNDERTAKER Edward W. Conklin & Son

(Address) 914 Eager St.

2/18 1937 Huntington Williamson W Va

N

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1937, to Oct 19, 1937.

I last saw h.er alive on Oct 15, 1937. Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	Sept 1937
Other contributory causes of importance: Pernicious Anaemia	Sept 1937

Was an operation performed? No Date of 9-11-37, 9-21-37

For what disease or injury? Carcinoma of Rectum

Name of operation Colotomy

What test confirmed diagnosis? Path. exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas J. Dutton, M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

Wm M Tedley

F 40069

F 40069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 1872

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 26 Ward) 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 6 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William W. Tedley

(a) Residence: No. 672 W Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mollie E Tedley

6. DATE OF BIRTH (month, day, year) March 29 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6	18/19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Not for several years

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

13. NAME William W. Tedley

14. BIRTHPLACE (city or town) (State or country) Richmond Va.

FATHER

15. MAIDEN NAME Mary A Vance

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Daniel H. Tedley (Brother)

(Address) 104 Calendar Ct.

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk. Date Oct 19 1937

19. UNDERTAKER

(Address) 410 Edmondson ave.

1937 Filed Oct 19 William [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 17 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2 days
Arterio-sclerosis	
Decubitus ulcers of face and back	1 mo

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood Coroner M. D.

(Address) 1712 N. Bond St.

OCCUPATION is very important. See instructions on back of certificate.

S S 6

E 10070

10070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-795-B

1. PLACE OF DEATH Sinai Hospital — Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary T. Hyde — If U. S. Veteran specify WAR

(a) Residence: No. 4109 Falls Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female — 4. Color or Race: White — 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Richard Ridgely Hyde

6. DATE OF BIRTH (month, day, year): March 25 1906

7. AGE — Years: 31 — Months: 6 — Days: 30 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wash. D.C.

FATHER

13. NAME: Theodore S. Reilly

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Julia Ryan

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Richard R. Hyde
(Address): 4109 Falls Road

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: Oct 19 37

19. UNDERTAKER: C. Richard Fleming
(Address): 1426 Light St.

20. FILED OCT 19 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1937 to Oct 15, 1937

I last saw her alive on Oct. 15, 19..... Death is said to have occurred on the date stated above, at 7:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure	Sept. 1937
Rheumatic heart disease	
Pulmonary infarction	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Alfred L. Edwards, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 10071

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10071

CERTIFICATE OF DEATH

✓108
16-2

1. PLACE OF DEATH 913 N. Calhoun
CITY OF BALTIMORE: (No. ... St. Baltimore Md Ward)

Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Abraham Johnson
If U. S. Veteran specify WAR ...

(a) Residence: No. 913 N. Calhoun St. ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	negro	divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1905

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
32	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W.P.A. 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 10/36

11. Total time (years) spent in this occupation 2yr

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Milton Johnson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Anna Holmes

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Roberta Johnson
(Address) 913 Calhoun

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 10/20 37 19...

19. UNDERTAKER William A Jackson
(Address) 916 Pennsylvania Ave

20. FILED 1937 Huntington F. Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 - 1937 to Oct 17 1937

I last saw him alive on 10-17- 1937. Death is said to have occurred on the date stated above, at 4:20 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10/16/37

Other contributory causes of importance:

Bronchitis, Aphthous Stomatitis	

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of Injury no 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) W. R. Boykin M. D.

(Address) 512 N. Gilmor

OCCUPATION is very important. See instructions on back of certificate.

10072 F 10072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 15514--C 59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. ..... Ward) 26-12

Length of residence in city or town where death occurred 1yr yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Adelaide Johnson

(a) Residence: No. Homeless (Son- 1335 Eden St.), St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James (D)

6. DATE OF BIRTH (month, day, year) 8-9-1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 50 70

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Abraham Whittle (D)

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Louise Wade (D)

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL OCT 18 1937 19 .....
Commissioner of Health

19. UNDERTAKER For H. A. Myers
(Address)

20. FILED ..... 19 ..... Registrar

OCT 18 1937

H 3003

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to October 2, 1937.

I last saw her alive on October 2, 1937. Death is said to have occurred on the date stated above, at 3:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertonic cardiovascular disease	[illegible]
Other contributory causes of importance: Diabetes mellitus	[illegible]

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. A. de Lautille M. D.

(Address) Baltimore City Hospitals

OCCUPATIONS is very important. See instructions on back of certificate.

10073 ✓E 10073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 26933 (NB) 407-a

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Birdie Hawkins McClain — If U. S. Veteran specify WAR .....

(a) Residence: No. 529 Camel St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Will McClain

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ab'd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Lew Hawkins (d)

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Molly ? (d)

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date OCT 18 1937

19. UNDERTAKER Commissioner of Health
(Address) Per M. A. Moore

20. FILED OCT 18 1937, 19.. Livingston Williams, M.D.
Registrar

3563

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 24, 1937, to October 9, 1937

I last saw her alive on October 9, 1937. Death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-1-37

Other contributory causes of importance:

Arteriosclerosis	Unknown

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. A. de Lautolle M. D.

(Address) Baltimore City Hospitals

10074 E 10074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26-1 107-a

154955 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank McIntosh (McIntyre) If U. S. Veteran specify WAR

(a) Residence: No. B. C. H. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lina A.

6. DATE OF BIRTH (month, day, year) 9-20-1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
79	78	12	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Jas. McIntyre

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Margaret Campbell

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL OCT 18 1937
COMMISSIONER OF HEALTH

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED , 19 Registrar.

OCT 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 24, 1937, to October 11, 1937

I last saw him alive on October 11, 1937. Death is said to have occurred on the date stated above, at 11.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	10-6-37
Other contributory causes of importance:	
Cirrhosis tuberculosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. DeSautelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

10075 ✓ F 10075

HEALTH DEPARTMENT—CITY OF BALTIMORE

19041 .S

CERTIFICATE OF DEATH

26-1248

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. Balto. City Hospt. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Janie Warfield Bell

(a) Residence: No. B. C. M. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Bell

6. DATE OF BIRTH (month, day, year) 1-1-1867

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	70	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph Warfield

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. M. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL OCT 18 1937
Commissioner of Health

19. UNDERTAKER Per M. A. Moore
(Address)

20. FILED ..... 19..... Registrar.....

18 1937

3502

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-13 .1937

22. I HEREBY CERTIFY, That I attended deceased from 9-22 .1937 to 10-13 .1937

I last saw her alive on 10-13 .1937. Death is said to have occurred on the date stated above, at 3 40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma uterus with metastases	Unknown

Other contributory causes of importance:

Was an operation performed? Yes Date of 9-25-37

For what disease or injury? Carcinoma uterus

Name of operation Pan-hysterectomy

What test confirmed diagnosis? Pathology Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) E. R. Woodward Jr. M. D.

(Address) Balto. City Hosp.

OBSERVATION is very important. See instructions on back of certificate.

E 10076

10076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26-12 349-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daisy Johnson (27210)

If U. S. Veteran specify WAR

(a) Residence: No. No Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Separated

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry

6. DATE OF BIRTH (month, day, year) ??

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Warfield

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Clara ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL OCT 18 1937
Commissioner of Health

19. UNDERTAKER Per M. A. Moore
(Address)

20. FILED Huntington Williams, M.D.
Secretary

OCT 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 5, 1937 to October 12, 1937

I last saw her alive on October 12, 1937 Death is said to have occurred on the date stated above, at 2:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs.	June 1937.
Other contributory causes of importance:	over

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. A. Cassidy, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 40077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M 2 1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto General Hospt .Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. 2 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes M. Ferguson If U. S. Veteran specify WAR .....

(a) Residence: No. # 779 Washington Blvd. St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 12, 1921

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
16	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME Harry J. Ferguson

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

MOTHER

15. MAIDEN NAME Mae V. Gerver

16. BIRTHPLACE (city or town) (State or country) West, Va.

17. INFORMANT Mrs Harry J. Ferguson
(Address) 779 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 10/ 19/ 1937

19. UNDERTAKER John J. Cowan & Son
(Address) 901 Hollins Street

20. FILED OCT 19 1937 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17th. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured liver	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, Suicide, or Homicide? Accident Date of injury Oct 17th, 1937
Where did injury occur? Brooklyn Park Md
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Highway
Manner of injury Struck by Auto while walking across highway
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Fulton Stanley Autz M. D.
Coroner
(Address) 90 N Charles

OCCUPATION IS very important. See instructions on back of certificate.

10078 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 10078

CERTIFICATE OF DEATH

12-6124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital - Balto., Md. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME William Blanchard

(a) Residence: No. 153 Congress Ave. St., Ward. Oaklyn, New Jersey
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Edith Blanchard

6. DATE OF BIRTH (month, day, year) Nov. 30, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Relief Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Petoskey, Michigan

FATHER

13. NAME Edward Blanchard

14. BIRTHPLACE (city or town) (State or country) ? Michigan

MOTHER

15. MAIDEN NAME Martha Orr

16. BIRTHPLACE (city or town) (State or country) ? Michigan

17. INFORMANT Records - U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL: Place Cedar Grove Date 10/18/37

19. UNDERTAKER Wm. Cook Jr. (Address) 1214 E. Fayette St.

20. FILED OCT 19 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 5, 1937, to October 17, 1937

I last saw him alive on October 17, 1937. Death is said to have occurred on the date stated above, at 7:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver	Unknown
Pneumonia, lobular	Terminal

Other contributory causes of importance:

Was an operation performed? Yes Date of Oct. 15, 1937

For what disease or injury? Cirrhosis of liver.

Name of operation Laparatomy, exploratory. Cholecystostomy, Omentopexy

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. Laurell, M. D.

(Address) U.S. Marine Hospital Baltimore, Maryland

10079 HEALTH DEPARTMENT—CITY OF BALTIMORE 10079

CERTIFICATE OF DEATH

9-6 46E

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1834 E 28th St., Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Minnie G. Larmore

(a) Residence: No. 1834 E 28th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of T. Edward Larmore

6. DATE OF BIRTH (month, day, year) July 26 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56 57	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tyaskin Md

FATHER

13. NAME Ebenezer Larmore
14. BIRTHPLACE (city or town) (State or country) Tyaskin Md

MOTHER

15. MAIDEN NAME Elepsine White
16. BIRTHPLACE (city or town) (State or country) Tyaskin Md

17. INFORMANT T. Edward Larmore
(Address) 1834 E. 28th St

18. BURIAL, CREMATION, OR REMOVAL
Place Tyaskin M.E. Church County Oct 19 1937

19. UNDERTAKER Tyaskin Md. John F Denny
(Address) 715 Light St Rd

20. FILED ..... 19..... Registrar.

OCT 3 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17th 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1937 to Oct 17 1937

I last saw her alive on Oct 16 1937 Death is said to have occurred on the date stated above, at 12:15 A. m.

The principal cause of death and related causes of importance were as follows:

Causes of Liver — Date of onset Sept 1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Edw L Finnemore M. D.

(Address) 9858 Deerfield Rd

OCCUPATION is very important. See instructions on back of certificate.

10080 E 10080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14-152 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mary Evans

(a) Residence: No. 1611 Fremont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	Colored	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/4/1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) NORTH CAROLINA

FATHER

13. NAME HENRY OWENS

14. BIRTHPLACE (city or town) (State or country) NORTH CAROLINA

MOTHER

15. MAIDEN NAME MARTHA ?

16. BIRTHPLACE (city or town) (State or country) NORTH CARROLINA

17. INFORMANT Evelyn Evans
(Address) 1611 Fremont St

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Auburn Date Oct 21 1937

19. UNDERTAKER Joseph A. Lucky
(Address) 4018 Mount Street

20. FILED OCT 18 1937 Washington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/16 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/7 1937 to 10/16 1937

I last saw her alive on 10/16 1937 Death is said to have occurred on the date stated above, at 6.0 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of Floor of Mouth	9/13
MALNUTRITION,	
DEHYDRATION,	
SECONDARY ANEMIA	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. Nance, M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

10081

HEALTH DEPARTMENT—CITY OF BALTIMORE

V E 10081 #25886

SF

CERTIFICATE OF DEATH

4-259

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? 37 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Broussard

(a) Residence: No. 16 N. Pearl St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) 12/22/1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Luke Broussard

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Johanna

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 10/20, 37

19. UNDERTAKER Mary A. Sawtheep
(Address) 2334 Rayner Ave.

20. FILED [illegible] Registrar.

OCT 18 1937

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1937 to October 17, 1937

I last saw h— alive on October 17, 1937 Death is said to have occurred on the date stated above, at 5:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-10-37
Other contributory causes of importance: Diabetes mellitus	1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. De Lautte M. D.

(Address) Baltimore City Hospitals

10082

F 40082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25-3 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1808 Lexton St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Steiner

If U. S. Veteran specify WAR

(a) Residence: No. 1808 Lexton St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Steiner

6. DATE OF BIRTH (month) January (day) 10th (year) 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Jacob Reid.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Andrew Steiner
(Address) 1808 Lexton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date 10/20 1937

19. UNDERTAKER Edward Toulson
(Address) 2309 Wash'n Blvd

20. Filed OCT 18 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month) October (day) 17th 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 5th 1937 to Oct 17th 1937

I last saw her alive on Oct 16th 1937 Death is said to have occurred on the date stated above, at 11a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Oct 5th

Other contributory causes of importance:

Acute Cholitis	Oct 7th
Chronic Parenchymatous Nephritis	

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical & yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Montgomery MD M. D.

(Address) 1012 25th St.

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

10083 F 10083

HEALTH DEPARTMENT—CITY OF BALTIMORE

#26542 F

CERTIFICATE OF DEATH

16-3 349-107a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward) life

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Jones, George Lewis

(a) Residence: No. 943 Hollins St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Agnes

6. DATE OF BIRTH (month, day, year) 1/8/1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	75	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME George Lewis Jones

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Louise Ruth

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 10/19 1937

19. UNDERTAKER Richard F. Cluley
(Address) 1900 E. Monument Ave

DATE 19 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 9, 1937 to October 16, 1937

I last saw him alive on October 16, 1937. Death is said to have occurred on the date stated above, at 8:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-7-37
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) H. L. De Saussure M. D.

(Address) Baltimore City Hospitals

F 10084

10084 **HEALTH DEPARTMENT--CITY OF BALTIMORE**

CERTIFICATE OF DEATH 8-592-a

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2004 E. Lafayette Ave St., ... Ward)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie K. Krueppel

(a) Residence: No. 2004 E. Lafayette Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert Krueppel

6. DATE OF BIRTH (month, day, year) July 23, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME August Schierbaum

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. John C. Horn

(Address) 2004 E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Oct. 20 1937

19. UNDERTAKER George W. Zinkler

(Address) 1731 E. Eager St.

20. FILED OCT 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1936 to Oct 17 1937

I last saw h... alive on Oct 17 1937. Death is said to have occurred on the date stated above, at 3.25 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Trouble	7-1-36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) William Krueppel M. D.

(Address) 801 N. Calvert

10085 F 10085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28-4137 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5210 Edmondson Ave. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George H. Livingston If U.S. Veteran specify WAR

(a) Residence: No. 5210 Edmondson Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Livingston

6. DATE OF BIRTH (month, day, year) January 2, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Slate Roofing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Louis Livingston

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Rupp

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Ella Livingston
(Address) 5210 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Oct. 19 '37

19. UNDERTAKER
(Address) 1005 N. Baltimore St.

19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1937 to Oct 16, 1937

I last saw h im alive on Oct 16, 1937. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Prostatic Hypertrophy benign	

Other contributory causes of importance

Pyelonephritis
Fr gocdudites

Was an operation performed? Yes Date of Apr 21/37

For what disease or injury? Prostatectomy

at W. B. G. Hosp Apr 15 to June 7th.

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. Wallenstein, M. D.

(Address) 2042 Eutaw Place

Registrar

11

NOTE—Answer questions fully and correctly. Omissions will cause delay. See instructions on back of certificate.

10086 E 10086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH South Balto. Gen. Hosp. Registered No.....

CITY OF BALTIMORE: (No. 23-1 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs. .....mos. .....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Lowman

(a) Residence: No. 134 W. Ostend St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-17-37

7. AGE Years	Months	Days	If LESS than 1 day, ..5.. hrs. or ..... min.
—	—	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Gordon Lowman

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Margaret Jenkins

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL OCT 18 1937 19
Commissioner of Health

19. UNDERTAKER
(Address) Per M. A. Moore

18 1937 Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-17-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-17, 1937 to 10-17, 1937

I last saw h.. alive on 10-17, 1937. Death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	10-17-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis F. Kurll, M. D.

(Address) South Balto. Gen. Hosp.

10087 ✓ F 10087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

86

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1076 W Fairmount St. 18-2 Ward)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Donald Mathews

(a) Residence: No. 1076 W Fairmount St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	Col.	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 29 - 36

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) ——

11. Total time (years) spent in this occupation ——

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Babe Speaks

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Mary Mathews

16. BIRTHPLACE (city or town) (State or country) Baltimore City

17. INFORMANT Mother Mary Mathews

(Address) 1076 W Fairmount

18. BURIAL UNIVERSITY MEDICAL SCHOOL OCT 18 1937

Place Greenmount Cemetery Date 19

19. UNDERTAKER Per H. A. Moore

(Address)

OCT 18 1937 Registered No. 8878

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/16 . 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Suffocation. — Date of onset Instant

Other contributory causes of importance:

Inhaled vomitus — Instant

Was an operation performed? no. Date of .....

For what disease or injury? .....

Name of operation no. Date of .....

What test confirmed diagnosis? None Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Warner Coroner M. D.

(Address) 502 W Baltimore St

OCCUPATION is very important. See instructions on back of certificate.

10088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25 | 23 F 10088

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hosp. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. unknown mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Amos Swindell

(a) Residence: No. 3616 Hineline Road St., Ward. Hineline Road

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Newspapers

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Swindell

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Harn

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date 10/21/37

19. UNDERTAKER Geo. A. Fahey

(Address) Eutaw and Fayette

20. FILED OCT 18 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17 1937

22. I HEREBY CERTIFY, That I attended deceased from September 1, 1937 to October 17, 1937

I last saw h in alive on October 17, 1937 Death is said to have occurred on the date stated above, at 3 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec. '36
Empyema	June '37

Other contributory causes of importance:

Secondary anemia	Dec. '36

Was an operation performed? Yes Date of 9/23/37

For what disease or injury? Empyema

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Ernest S. Dixon M. D.

(Address) University Hospital

See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10089

CERTIFICATE OF DEATH

10089

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Phelan

If U. S. Veteran specify WAR

(a) Residence: No. Cloudcroft W. Va St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 16, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, 8 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Ray Phelan

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Bess Brown

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT H. Peter Conaway
(Address) Hospital Clerk

18. BURIAL, CREMATION, OR REMOVAL
Place Date 10/18 1937

19. UNDERTAKER Geo. A. Fuller
(Address) Eastern & Pulaski

20. FILED ... 19... Thurston Williams, MD

T 18 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1937 to Oct. 17 1937.

I last saw him alive on Oct 17 1937. Death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	10-16-37
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify ...

(Signed) E. W. Dunstrust M. D.

(Address) Johns Hopkins Hospital

VS 3

E 10090

10090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 27-5131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6067 Harford Rd Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Rogers

(a) Residence: No. 6067 Harford Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
fm	W	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George W Rogers

6. DATE OF BIRTH (month, day, year) July 6, 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Sept.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT William Rogers

(Address) 6067 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL

London Park Date 10/19 1937

19. UNDERTAKER Leonard J Boyle

(Address) 6705 Harford Rd

20. FILED Huntington Williams M.D.

OCT 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/16/37

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10 1937, to Oct. 16 1937

I last saw her alive on Oct 16, 1937. Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1936
Arteriosclerotic cardiovascular renal disease	1936
senility	1936

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) S. A. Alessi M. D.

(Address) 6217 Harford Rd

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

40091

HEALTH DEPARTMENT—CITY OF BALTIMORE

40091

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 N. Chapel St., 6-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Endres

If U. S. Veteran specify WAR .....

(a) Residence: No. 214 N. Chapel St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Theresa

6. DATE OF BIRTH (month, day, year) Aug 18 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor foreman 20 yr
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Balto
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Maximilian Endres
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hendrunka Roth
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Endres
(Address) 2413 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem Date Oct 20 1937

19. UNDERTAKER Martin E Duffy
(Address) 3714 Gough St
Signature of Undertaker or Assistant Williams N.T.

20. FILED OCT 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17 1937

22. I HEREBY CERTIFY, That I attended deceased from July 11 1937 to Oct 17 1937

I last saw h[e] alive on Oct 17 1937. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Hypertension	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clin Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, state how .....

(Signature) J Wirt Bowley, M. D.

(Address) 2286 E Balto

4

10092 ✓ F 10092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 1-1 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1232 S. Ellwoodave Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 58 yrs. ... mos. ... ds.

2. FULL NAME Christian Miller-Mueller

If U. S. Veteran specify WAR

(a) Residence: No. 1232 S. Ellwoodave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) July 28 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Ret. Pedd

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ? Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hasbon

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Thomas Arnold

(Address) 1232 S. Ellwoodave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenly Cem. Date Oct 20 1937

19. UNDERTAKER Martin H. E. Duffet

(Address) 37 S Ann St

20. FILED Oct 18 1937 H. Livingston Williamson, M.D. H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Octob. 16, 1937 to Octob. 17, 1937

I last saw him alive on Octob. 17, 1937. Death is said to have occurred on the date stated above, at 8:50 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance: Chr. Myocarditis	Unknc

Was an operation performed? no Date of none

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? Phys. Ex. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so specify

(Signed) J. A. Rosenblatt, M. D.

(Address) 3078 O'Donnell St.

10093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10093 ✓ F 40093

X 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore Gen. Hosp. St. 16-6 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. William Feyman

If U.S. Veteran specify WAR .....

(a) Residence: No. Severn, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Male	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Birdie Feyman

6. DATE OF BIRTH (month, day, year) Nov. 20, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter. 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 10-8-37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Peter Feyman

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Amanda Cockran.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs. Birdie Feyman

(Address) Severn, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Oct. 20 1937

19. UNDERTAKER John J. Kilgarry

(Address) 715 Light St.

20. FILED OCT 18 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1937, to Oct. 16, 1937

I last saw him alive on Oct. 18, 1937. Death is said to have occurred on the date stated above, at 9:50 A m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia — Date of onset 10-8-37

Other contributory causes of importance:

Pleurisy

Arteriosclerotic heart disease — Duration

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S. C. Monroe, M. D.

(Address) Milton Ave. M.D. West Balt. Gen Hospital

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40094

F 40094

CERTIFICATE OF DEATH

210-M

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH John Hopkins Hospital

City of BALTIMORE: (No. ____ St., 7 Ward)

2-FULL NAME Harry A. Schoffield

(a) RESIDENCE NO. 2826 Rohland Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 16 - 1928

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	9	6 5	30 29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work SchoolBoy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Harry Schoffield
11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.
12 MAIDEN NAME OF MOTHER Amelia Tiebler
13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Harry Schoffield
(Address) 2826 Rohland Ave

15 1937 Huntington Williams, N.P. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 15 - 1937 6-10 P.M. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured skull
about 2 hrs. Duration—hrs. mos. ds.

CONTRIBUTORY (secondary)

Duration—yrs. mos. ds.

Herbert L. Stanley Coroner M. D.
(Coroner)
10/18 1937 (Address) 907 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In city, town or state of death yrs. mos. ds.

Where was disease contracted (if not at place of death)?

Former or usual residence 410 Bk Montford Ave

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial Oct. 19 1937

20 UNDERTAKER John A. Miller ADDRESS 2334 Jefferson

40095 ✓ F 40095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .... yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Robert Gutermuth

If U. S. Veteran specify WAR .....

(a) Residence: No. 7832 Eastern ave. St., ... Ward. Balto to Jul

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed,~~ or ~~Divorced~~ (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 13th 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Christian Gutermuth

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Loretta Rankin

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Robert Gutermuth

(Address) 7832 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Evergreen Date Oct 19th 1937

19. UNDERTAKER Leo J. Gough

(Address) 1703 N Patterson Park Ave

Oct 19 1937 Huntington Williams, Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 15, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schnepfer, M. D.

Coroner

(Address) 1712 E. North ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 40096

40096 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2-193-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1934 E Lombard St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Stockler

(a) Residence: No. 1934 E Lombard St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. ~~Single~~, ~~Married~~, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William Stockley

6. DATE OF BIRTH (month, day, year): June 21st 1859

7. AGE: Years 78; Months 4; Days 22; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Laurence Stockler
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: —
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Mrs Mary Stockley
(Address) 1934 E Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 19th 19

19. UNDERTAKER: Leo G. Cook
(Address) 1803 North Ave Bath Sta Ave
Huntington Williams, N.Y.

OCT 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1937 to Oct 17, 1937

I last saw h. alive on Oct 16, 1937 Death is said to have occurred on the date stated above, at 230 m. am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Age 9
Other contributory causes of importance: General debility & Senile changes	

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas F Zimmerman M. D.

(Address) 2148 Eastern Ave

10997 13 HEALTH DEPARTMENT—CITY OF BALTIMORE 40097

CERTIFICATE OF DEATH

XV 119

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jay James Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 146 Winters ave St., ... Ward. Catonsville Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6-4-37

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Raymond Smith

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie Hamilton

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Colonial Cem. Oct 19 37

19. UNDERTAKER Adolphus Halstead
(Address) 918 Eden Hall ave

20. FILED OCT 19 1937 Huntington Williamsport, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct-15, 1937, to Oct-17, 1937

I last saw him alive on Oct 17, 1937 Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Otitis Media	10-1-37
Diarrhea (unspecified)	
Other contributory causes of importance:	
Atelectasis - Rt. upper lung	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Weston M. Kelsey Jr. M. D.

(Address) Johns Hop Kelly Hospital

10098 F 10098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md. Gen. Hospital. St. 11-3 Ward) Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Scarff If U. S. Veteran specify WAR

(a) Residence: No. Forest Hill Md. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1, 1919.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Bethlehem Steel

10. Date deceased last worked at this occupation (month and year): 11/1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Harrison Co. Md

MOTHER

13. NAME: Nettie E. Scarff

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Ella Treakle

16. BIRTHPLACE (city or town) (State or country): Millgrove W. Va.

17. INFORMANT (Address): Mother & Father Forest Hill. Md.

18. BURIAL, CREMATION, OR REMOVAL: Place Forest Hill Md. Date Oct 20, 1937

19. UNDERTAKER (Address): H. D. Bailey Wilmington Del.

Registrar

OCT 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 4 P.M.

The principal cause of death and related causes of importance were as follows:

Hemorrhage Cerebral due to trauma to various places on body.

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury 10/18/37. Where did injury occur? Sparrows point Bethlehem Steel Co. (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury While at work on scaffold came in contact with live wire and fell

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Adam Carr M.D. Coroner

(Address) 1215 Harrison

10099 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 10099

CERTIFICATE OF DEATH

X✓92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hosp. Ward) 4-1

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Blanche Elz. Baer.

If U.S. Veteran specify WAR .....

(a) Residence: No. Elliott City Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Julley Baer

6. DATE OF BIRTH (month, day, year) Feb. 9, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	8	0 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) 4/1937

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Granite Md.

MOTHER FATHER

13. NAME David Stauffer

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary A Young.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Julley Baer
(Address) Elliott City Md

18. BURIAL, CREMATION, OR REMOVAL
Place St Johns Cem Date 10-22-37

19. UNDERTAKER F. D. Hirschhorn Jr
(Address) Elliott City Md

20. FILED 19 OCT 19 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-19 .1937

22. I HEREBY CERTIFY, That I attended deceased from 10-15 .1937. to 10-19 .1937.

I last saw h alive on 10-19 1937. Death is said to have occurred on the date stated above, at 3:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	?
Mitral Stenosis & Insufficiency	?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W P Sellers, M. D.

(Address) Woman's Hospital

Spec. 1-10-21—M&T—1500 Blks.

F 40100

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40100

CERTIFICATE OF DEATH.

√131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 739 Dolphin ST. 17-3 (WARD)

2-FULL NAME Clara Wiggins

(a) RESIDENCE NO. 739 Dolphin ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Armistead Wiggins

6 DATE OF BIRTH (month, day, and year):

7 AGE: Years 68 Months 1 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Heathville Va

PARENTS

10 NAME OF FATHER: John Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Patsy Cole

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Earl Wiggins 739 Dolphin St

15 Filed 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 17 19 37

17 I HEREBY CERTIFY, That I attended deceased from 10-9, 19 37, to 10-17, 19 37,

that I last saw h alive on 10-16, 19 37

and that death occurred, on the date stated above, at 7.10 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Cardio-Vascular-Renal

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of --

Was there an autopsy? no

What test confirmed diagnosis? Physical signs + Urinalysis

(Signed) J. A. D. Sutton, M. D.

10.18, 1937 (Address) 825 N. Dremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Heathville, Va.

DATE OF BURIAL: Oct 19, 1937

20 UNDERTAKER: Thos Katie R Williams

ADDRESS 3224 Schenley Ave

40101 F-40101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 E Gittings St., 24-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Nappy Mc Dermott.

If U.S. Veteran specify WAR No Record

(a) Residence: No. 118 East Gittings St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas McDermott

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Owen Fahey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Kate Fahey (or)

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs Beatrice Fraley
(Address) 118 E Gittings St

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Cemetery Date Oct 14th 37

19. UNDERTAKER Wm Cook
(Address) 127 St Paul st

OCT 19 1937

(Signature of Registrar) E. H. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 4, 1937 to October 18, 1937

I last saw her alive on October 18, 1937 Death is said to have occurred on the date stated above, at 11a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic Bronchitis	not known
Other contributory causes of importance: Broncho Pneumonia	Oct. 15, 1937

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Edward Norris M. D.

(Address) 107 East west st.

F 10102

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10102

CERTIFICATE OF DEATH

194-B

1. PLACE OF DEATH Md. General Hospital

CITY OF BALTIMORE: (No. 27-6 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. 11 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William W. Talbott Jr.

If U. S. Veteran specify WAR

(a) Residence: No. 2932 Beechland Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of 11

6. DATE OF BIRTH (month, day, year) Nov. 12, 1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William W. Talbott Sr.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Marie E. Sherwin

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

17. INFORMANT William W. Talbott, Sr.

(Address) 2932 Beechland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Cemetery Date 10-21 1937

19. UNDERTAKER

(Address) Wm. H. Miller Inc.

20. FILED OCT 19 1937 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Concussion of brain	
Laceration of brain	
Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 10/12, 1937.

Where did injury occur? Harford Road & Christopher Ave.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In School yard

Manner of injury Struck with a ball

Nature of injury Laceration, Concussion & Hemorrhage

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hunt. Williams M. D.

Coroner

(Address) 215 Hanover St.

E 10103

10103 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH City Hospitals — 6-12 — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph H. Miller — If U. S. Veteran specify WAR .....

(a) Residence: No. 6 Rabbit Beach, Stemmers Run Ward. 2nd
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Helen Miller

6. DATE OF BIRTH (month, day, year) 3/1-1909

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
28	7	17 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as chiffonier, sawyer, bookkeeper, etc. Steel worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stemmers Run Steel Co
10. Date deceased last worked at this occupation (month and year) Sept 1937
11. Total time (years) spent in this occupation 19 yr

12. BIRTHPLACE (city or town) (State or country) W. Virginia

FATHER

13. NAME Frank Miller
14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Rosa Kauer
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Helen Miller (Address) 6 Rabbit Beach

18. BURIAL, CREMATION, OR REMOVAL Place Arlington Cem. Woods Dec 20, 1937

19. UNDERTAKER John Ullmer (Address) East Baltimore

20. FILED 19 Dec 1937 Arlington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-17-1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came to death on the day stated above. (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fract tibia & fibula	Sept 25

Other contributory causes of importance: Pneumonia - 1 wk duration

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Sept 25, 1937

Where did injury occur? Stemmers Run (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Struck auto while Auto Portsmouth

24. Was disease or injury in any way related to occupation of deceased? .....

If so specify .....

(Signed) John Hunter Wolf Coroner M. D.

(Address) 907 N. Gilmor St.

DECEASED IS VERY important. See instructions on back of certificate.

40104 F 40104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

182-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 Greenwillow St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Aydelotte

If U. S. Veteran specify WAR

(a) Residence: No. 613 Greenwillow St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 4 1896

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	41	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash. Co. Md

MOTHER FATHER

13. NAME Grant Aydelotte

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Dennis

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Grant Aydelotte
(Address) 613 Greenwillow St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem Date 10/19/37

19. UNDERTAKER Frances A. Hemsley
(Address) 578 W. Biddle St

20. FILED ... 19... Registrar

Huntingtown Williams, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1937 to Oct 16 1937

I last saw h... alive on Oct 16 1937 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 12 1937
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Cooley M. D.

(Address) Huntingtown Md

40105 HEALTH DEPARTMENT—CITY OF BALTIMORE 40105

CERTIFICATE OF DEATH

1376

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp St. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Miriam Margolus

(a) Residence: No. Montgomery W. Va St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Maurice Margolus

6. DATE OF BIRTH (month, day, year): aug 9-1894

7. AGE: Years 43 | Months 7 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel Finkelstein

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Husband
(Address)

18. BURIAL, CREMATION, OR REMOVAL 10-19-37
Interment Date 19

19. UNDERTAKER Louis Lee & Co
(Address) 1437 E. Baltimore St

20. FILED 19 1937 Huntington Williamson W. Va

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/18 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/17 1937 to 10/18 1937

I last saw her alive on 10/18 1937. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis & cholelithiasis	
Uterine Fibroids	
Cholecystectomy + Supravaginal hysterectomy + Shock	10/13/37

Other contributory causes of importance:

Was an operation performed? Yes Date of 10/13/37

For what disease or injury?

Name of operation See above

What test confirmed diagnosis? Cl. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) Chas B Marsh M. D.

(Address) Bon Secours Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40106

CERTIFICATE OF DEATH

95-B F 40106

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 W Univ. Parkway St. 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Prof. Frank Morley

If U. S. Veteran specify WAR

(a) Residence: No. 100 W University Park St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lilian Janet Bird

6. DATE OF BIRTH (month, day, year) Sept. 9 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. University Professor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Joseph Morley

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Mugrett

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Felix M. Morley
(Address) Washington Post

18. BURIAL, CREMATION, OR REMOVAL London Cemetery
Place Cremation Date Oct. 19 1937

19. UNDERTAKER John C. Mitchell
(Address) 1900 Eutaw Place

20. FILED 19 Registrar.

OCT 19 1937

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-17, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-12, 1937, to 10-17, 1937

I last saw him alive on 10-17, 1937. Death is said to have occurred on the date stated above, at 5.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROTIC HEART DISEASE	?
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John C. Jones, M. D.

(Address) 1129 St Paul St.

F 40107

F 40107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Hosp St. 16-8 210-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry F. Kirkwood

(a) Residence: No. 4008 Gelston Drive St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Married

5a. (If married, widowed or divorced) HUSBAND of (or) WIFE of Katherine E. Kirkwood

6. DATE OF BIRTH (month, day, year) Dec 19-1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gelston Dr.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME William A. Kirkwood

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Augusta Scheidt

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Katherine E. Kirkwood

(Address) 4008 Gelston Drive

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Oct. 19 37

19. UNDERTAKER Geo. L. Berger & Son

(Address) 512 Fallsway

20. FILED Oct 19 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-16 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Spleen	10/2
Other contributory causes of importance: Pneumonia -	10-9

Was an operation performed? Yes Date of 10/3-

For what disease or injury? Rupt Spleen

Name of operation Splenectomy Date of 10/3

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/2 1937

Where did injury occur? Edmondson Ave - at Allendale (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Name of Street Struck by auto while passing

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Samuel Wagner Coroner M. D.

(Address) 707 N. Chapel St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10108

CERTIFICATE OF DEATH

F 10108

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Susan J Hayes

(a) Residence: No. 142 W Hill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): April 20 - 1913

7. AGE: Years 24 | Months 5 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: James A Hayes

14. BIRTHPLACE (city or town) (State or country): Richmond Va

MOTHER

15. MAIDEN NAME: Willie Bell Wesley

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: James A Hayes

(Address) 142 W Hill St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Oct 20 1937

19. UNDERTAKER: J. J. Lusby

(Address) 519 Mosher St

20. FILED OCT 19 1937 Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebro Embolism (Pneumonia) — Date of onset Oct 2 1937

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Histology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen Coroner, M. D.

(Address) 5 N Augusta Ave.

E 10109

10109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Morad Mazar

(a) Residence: No. 1619 Mulberry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Mazar

6. DATE OF BIRTH (month, day, year) Feb 8 - 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shannon Pint Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Ben Mazar

14. BIRTHPLACE (city or town) (State or country) Syria

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mary Mazar

(Address) 1619 Mulberry St

18. BURIAL, CREMATION, OR REMOVAL Arbutus Memorial Park Oct 21 1937

19. UNDERTAKER Robert F. Young

(Address) 808 W. Caroline St

20. FILED OCT 19 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1937

22. I HEREBY CERTIFY, That I attended the deceased from Surgery & autopsy to Surgery & Autopsy and that I last saw him alive on Oct 17 1937 and that death occurred on the date stated above.

(Inquest, Autopsy or Inquest) (Inquest, Autopsy or Inquest)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Atelectasis	Abt Oct 10 1937
Cardiac Decompensation	
Rt dilatation of Heart	
Chronic Passive Congestion	
Ascites	

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Address) 507 Aisquith St

10110

HEALTH DEPARTMENT—CITY OF BALTIMORE

10110

CERTIFICATE OF DEATH

94B

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 905 Lake Shore St., 13-1 Ward)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lena Nusbaum

If U. S. Vetecan specify WAR

(a) Residence: No. 905 Lake Shore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Samuel Nusbaum

6. DATE OF BIRTH (month, day, year) Dec 13, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Jacob Isenbaum

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ella Meyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm Jay Nusbaum
(Address) 905 Lake Shore

18. BURIAL, CREMATION, OR REMOVAL
Place Ark Friendship Date Oct. 21, 1937

19. UNDERTAKER Maria Siegelheim Bon
(Address) 1712 Eutaw Place

20. FILED ..... 19 .....
Registrar

OCT 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1921, to Oct, 18, 1937.

I last saw her alive on Oct 18, 1937. Death is said to have occurred on the date stated above, at 11.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10/17/37
Other contributory causes of importance: Chronic Cholecystitis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ✓ Exp. Exam

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Geo McLean M. D.

(Address) 706 Med. Arts Bldg

Balt. Md

F 40111

40111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospt. St. 15-8 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Brasington (William Thomas Brasington)

(a) Residence: No. 2219 Roslyn Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Onora C. Brasington

6. DATE OF BIRTH (month, day, year) 4-13-1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Solicitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Branch Storage Co.

10. Date deceased last worked at this occupation (month and year) June 1936

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Cheraw S.C.

FATHER

13. NAME John Brasington S. C.

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Uttilie Schmidt

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Oct. 20, 1937

19. UNDERTAKER Wm. J. Tickner & Son
(Address) North & Ave.

FILED OCT 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-17-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-6 1937 to 10-17 1937

I last saw h/m alive on 10-17 1937. Death is said to have occurred on the date stated above, at 1.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	unknown

Other contributory causes of importance:

Was an operation performed? Yes Date of 10-11-37

For what disease or injury? Pulmonary Tuberculosis

Name of operation Thoracoplasty

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

F 40112

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40112 SF

CERTIFICATE OF DEATH

52-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Gunns

If U. S. Veteran specify WAR

(a) Residence: No. 1025 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54 54	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Date 10/19/37

19. UNDERTAKER [illegible]
(Address) 1702 [illegible]

20. FILED 19 Registrar.

OCT 19 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 15, 1937, to October 16, 1937.

I last saw her alive on October 16, 1937. Death is said to have occurred on the date stated above, at 9:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	[illegible]
Other contributory causes of importance:	
Arteriosclerosis	[illegible]

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) [illegible] M. D.

(Address) Baltimore City Hospitals

F 40113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 F 40113

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Anna M. Harris

If U. S. Veteran specify WAR .....

(a) Residence: No. 1 Reisterstown Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 6-1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Geo A Harris

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Florence Clark

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Geo A Harris

(Address) Reisterstown

18. BURIAL, CREMATION, OR REMOVAL

Place Finksburg Date Oct 21 1937

19. UNDERTAKER J. H. Collins & Sons

(Address) J. Reisterstown Md.

20. FILED ..... 19 ..... Registrar.

OCT 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19 1937

22. I HEREBY (CERTIFY), That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. H. Speelman, M. D.

(Address) 2757 E. Monument Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40114 — CERTIFICATE OF DEATH — 23 F 40114

Registered No. 19-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1533 Edmondson Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hamilton C. A. Miller If U. S. Veteran specify WAR

(a) Residence: No. 1533 Edmondson Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 6 1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Levi Miller

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Beatrice Lottie Addison

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Levi Miller

(Address) 1533 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Memorial Date Oct 19, 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED Oct 19 1937 Huntington Williams Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Oct 12 1937

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George L. Allen M. D.

(Address) 507 Cathedral St

V S 6

E 40115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 266 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Barbara Ann Reed

(a) Residence: No. 6519 Detroit ave St., Ward Dundalk Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5-17-37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles Reed
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Sophia Hess
16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date OCT 19 1937 19

19. UNDERTAKER
(Address) Commissioner of Health
Per E. A. Moore

20. FILED OCT 13 1937 Huntington Williams Registrar

3569

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1937 to Oct 13, 1937

I last saw her alive on Oct 13, 1937. Death is said to have occurred on the date stated above, at 930 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strep Septicemia	
Congenital ~~abscess~~ Syphilis	

Other contributory causes of importance:

Nephritis
Meningitis

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) H. M. Kelsey M. D.
(Address) Johns Hopkins Hosp.

10116 E 10116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B-5 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St., B-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Carter

If U. S. Veteran specify WAR

(a) Residence: No. ~~Johns Hopkins Hosp.~~ St., B2 Ward. 1973 Jefferson St

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 5, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 25 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Samuel Carter

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Virginia Elizabeth Madison

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL OCT 19 1937

Commissioner of Health

19. UNDERTAKER

(Address) Per H. A. Moore

20. FILED ..... 19 .....

Registrar.

OCT 19 1937 Huntington Williams, M.D. 3708

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 5, 1937 to October 5, 1937

I last saw him alive on October 5, 1937 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	10-5-37
Atelectasis	10-5-37
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) E. W. Quenstedt, M. D.

(Address) Johns Hopkins Hospital

40117

HEALTH DEPARTMENT—CITY OF BALTIMORE

40117

CERTIFICATE OF DEATH 27284--CM 82-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bertha Seymour

(a) Residence: No. 1453 Washington Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ernest (D)

6. DATE OF BIRTH (month, day, year) 8-11-1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Eyring

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lorna ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Oct. 20 1937

19. UNDERTAKER Ingmire & Eyrl
(Address) 600 N. North Ave.

20. FILED OCT 19 1937 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 6, 1937 to October 17, 1937

I last saw her alive on October 17, 1937. Death is said to have occurred on the date stated above, at 9.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-10-37
Other contributory causes of importance: Cerebral hemorrhage	10-5-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

E 10118

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 10118

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Fleetwood Ave St. 27-5 Ward)

Registered No. 94B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Thomas Johnson

(a) Residence: No. 3015 Fleetwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Johnson

6. DATE OF BIRTH (month, day, year) May 29 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elb. Can Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Johnson

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Margaret Roberts

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Annie Johnson

(Address) 3015 Fleetwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pinewood Cem. Date Oct 20 1937

19. UNDERTAKER Orance L. Tyler

(Address) 1202 N. Gay St.

20. FILED OCT 19 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest or Inquiry) Inquiry (Inquest or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schleyer, M. D. Coroner

(Address) 1919 E. North Ave

F 40119 ✓ F 40119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 4-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Edward Snyder

If U. S. Veteran specify WAR

(a) Residence: No. 303 N. Green St. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-19-1865

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Selling papers

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jacob.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret Sckickley

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 20 1937

19. UNDERTAKER Sam'l Cotte

(Address) 2700 Edmondson Ave

20. FILED 19 OCT 19 1937 Harrington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to October 18 1937

I last saw him alive on October 18, 1937. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-4-37

Other contributory causes of importance:

Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur?

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. De Lautte M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40120

CERTIFICATE OF DEATH

131

F 40120

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1304 William St. 24-3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Cora. Selway.

(a) Residence: No. 1304 Williams St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: John. T. Selway.

6. DATE OF BIRTH (month, day, year): Aug 29 1866

7. AGE: Years 71 | Months 1 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Joseph. Eisel

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: John J Selway

(Address): 1304 Williams St

18. BURIAL, CREMATION, OR REMOVAL: Holy Cross M & Co. Date 10-21 1937

19. UNDERTAKER: Bernard C. Harle

(Address): 121 E Mt St

20. FILED 19 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 18th 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/10 1936 to 10/18 1937

I last saw h alive on 10/18 1937 Death is said to have occurred on the date stated above, at 330 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia 10 days	

Other contributory causes of importance:

Chronic Nephritis

Arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) David Strayhorn M. D.

(Address) 1 [illegible]

E 40121

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40121

CERTIFICATE OF DEATH

34-9-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 8-7 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Donnie Mae Whitaker (23099)

If U. S. Veteran specify WAR

(a) Residence: No. 1511 E. Preston St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 1910

6. DATE OF BIRTH (month, day, year) Sept. 28, ~~1909~~

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27 ~~30~~		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 010

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER

15. MAIDEN NAME Luella

16. BIRTHPLACE (city or town) (State or country) N.Car.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Int Calvary Cem Date Oct 21 1937

19. UNDERTAKER Robt J Ellicott

(Address) 15 W Preston St

FILED OCT 19 1937 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1937 to October 16, 1937.

I last saw her alive on October 16, 1937 Death is said to have occurred on the date stated above, at 10:30 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Jan 1936

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. A. Cassidy, M. D.

(Address) Baltimore City Hospitals

10122 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 10122

CERTIFICATE OF DEATH

50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 McCulloh St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 11 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Eliza Snowden Thomas

(a) Residence: No. 1102 McCulloh St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 6 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John H Thomas

14. BIRTHPLACE (city or town) (State or country) St Marys County Maryland

MOTHER

15. MAIDEN NAME Mary Thomas Leiper

16. BIRTHPLACE (city or town) (State or country) Lepidea: Pennsylvania

17. INFORMANT (Address) Mrs William M. Dabney Ruxton Md

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem Date Oct 20th 1937

19. UNDERTAKER (Address) Henry W. Jenkins & Son 1102 McCulloh St

20. FILED OCT 13 1937 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 18th 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 21st 1937, to Octo 18th 1937

I last saw her alive on October 17th 1937. Death is said to have occurred on the date stated above, at 1.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Left Breast (Infiltrating)	From the Second Instant for one year

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Mrs. W. Dabney M. D.

(Address) Ruxton, Md

F 10123

10123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Brooklyn 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 Baltic Ave St., 7 5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Mary Glenn

(a) Residence: No. 403 Baltic Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Courtney G. Glenn

6. DATE OF BIRTH (month, day, year) Feb 2, 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Springfield Va
(State or country)

FATHER

13. NAME James Gardner

14. BIRTHPLACE (city or town) Anne Arundel Co
(State or country) Md

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) " "
(State or country)

17. INFORMANT Mr. Robert L Campbell (Son)
(Address) 403 Baltic Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Oct 21, 1937

19. UNDERTAKER John T. Denny
(Address) 715 Light St

20. FILED Oct 19 1937 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 to Oct 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 5-30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.

(Address)

10124 HEALTH DEPARTMENT—CITY OF BALTIMORE 10124

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 N. Broadway St., 8-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME William John Jackson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1413 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie F. Sapp

6. DATE OF BIRTH (month, day, year) May 12 - 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Hugh Jackson

14. BIRTHPLACE (city or town) (State or country) Cleveland

MOTHER

15. MAIDEN NAME Nancy Brown

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT Mrs Sallie Brown

(Address) 1413 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date 10 | 20 | 37 19

19. UNDERTAKER Geo. Weber & Son

(Address) 2503 Edmondson Ave

20. FILED OCT 19 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 | 17 | 37 . 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1937, to Oct 17, 19..

I last saw him alive on Oct 7, 1937. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Toxemia	4
Other contributory causes of importance: Bronchopneumonia	Oct 10,

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Alma B Lemmon M. D.

(Address) 718 N Patterson Park Ave

E 10125 WILLSON

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10125

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH Union Memorial Hosp. St., Ward.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Etta Willson

If U. S. Veteran specify WAR

(a) Residence: No. 415 Hanover St., St., City. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 15, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Artist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Mr. Andrew Willson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Miss Mary Butler

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Thomas B. Willson

(Address) Hagerstown Md.

18. BURIAL, CREMATION, OR REMOVAL Place Confluence Pa. Date 10/2 1937

19. UNDERTAKER J. Tom McCully

(Address) 130 E. Fort Ave

20. FILED 19 Registrar

OCT 20 1937 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-19-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 9-29-37. 19 to 10-19-37. 19

I last saw her alive on 10-19-37. 19. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of left breast — Date of onset 5-1-36.

Other contributory causes of importance:

Was an operation performed? Ca of breast Date of 2-10-37

For what disease or injury?

Name of operation Mastectomy, radical

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. D. Sundor M. D.

(Address) Union Memorial Hospital

40126 **HEALTH DEPARTMENT—CITY OF BALTIMORE** No. 40126

CERTIFICATE OF DEATH

27511 JS 9-96

Registered No. 345

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 20-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify War No Record

2. FULL NAME Michael Fischer

(a) Residence: No. 2129 Hollins St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rosalie

6. DATE OF BIRTH (month, day, year) 3-17-1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd Jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Anthony

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT B. M. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 10-21-37

19. UNDERTAKER Fulton, Funeral Home

(Address) 1247 W. Fayette St.

OCT 20 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 15, 1937, to October 17, 1937

I last saw him alive on October 17, 1937 Death is said to have occurred on the date stated above, at 2:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-15-37

Other contributory causes of importance: Aneurysm of aorta Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. Kerr, M. D.

(Address) Baltimore City Hospitals

E 40127

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40127

CERTIFICATE OF DEATH

x 122-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospital St. 11-3 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Emma E Richardson If U. S. Veteran specify WAR No Record

(a) Residence: No. Edgewood Rd St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. Edward Richardson

6. DATE OF BIRTH (month, day, year) Sept 6 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John F. Marsden

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elton

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Edward Richardson

(Address) 11 Edgewood Rd Woodlawn

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 21st 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

20. FILED 19 Registrar

OCT 20 1937 Hector Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) died that said deceased came death on the day stated above. 6:52 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism of Cerebral Artery	
Ventilation of Heart.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. Carroll, M.D. Coroner

(Address) 1215 Hanover St.

F 40128

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40128

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital Ward 25-1)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Catherine Zink

If U. S. Veteran specify WAR

(a) Residence: No. 919 Arran Rd Woodlawn Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Zink

6. DATE OF BIRTH (month, day, year) Aug 24th 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME George Sperm

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Elizabeth Jones

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT W. T. Zink

(Address) 3730 Tudor Arms Apt

18. BURIAL, CREMATION, OR REMOVAL

Place Carroll Chapel Balto Md Date Oct 21st 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED OCT 20 1937 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18th, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1919 19 to Oct. 18, 1938

I last saw her alive on Oct. 17 1937. Death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. H. Grachen, M. D.

(Address) 2757 W. Lexington

HEALTH DEPARTMENT—CITY OF BALTIMORE

F40129 — 23 F 40129

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1046 N. Central Ave. 10-1 Ward)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME August P. Herzing

(a) Residence: No. 1046 N. Central Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married nee McClone

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Mamie F. Herzing

6. DATE OF BIRTH (month, day, year) Oct. 6, 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur for Joseph Herzing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Co.

10. Date deceased last worked at this occupation (month and year) Jan 1937

11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Nicholas Herzing

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Ellen Bussine

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Marie F. Herzing wife

(Address) 1046 N Central Ave

18. BURIAL, CREMATION, OR REMOVAL

Where Cathedral Date Oct. 22-37

19. UNDERTAKER Edward W. Conkling Son

(Address) 414 E. Eager St

20. FILED Oct 20 1937

Huntington Williams, M.D. Registrar

Oct 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17 1937 to Oct. 19 1937.

I last saw him alive on Oct. 18, 1937 Death is said to have occurred on the date stated above, at 2:24 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset .....

Other contributory causes of importance: Acute Cardiac Dilatation

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) S. Littman M. D.

(Address) 1304 E. Lombard

F 40130

40130 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

V 11-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 921 Fayolan St. 11 - 4 (Ward)

Length of residence in city or town where death occurred 29 yrs. 3 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Benjamin Bell

(a) Residence: No. 215 Hoffman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 17 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (odd)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas Bell

14. BIRTHPLACE (city or town) (State or country) Dinwiddie Co Va

MOTHER

15. MAIDEN NAME Virginia Lewis

16. BIRTHPLACE (city or town) (State or country) Lunenburg Co Va.

17. INFORMANT Mary F. Bell

(Address) 215 Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Cem. Date Oct 20 1937

19. UNDERTAKER Adolphus Halstead

(Address) 2 E Eutaw & Hillsdale

FILED 19 Oct 20 1937 Hunting Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 16 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Uremia

	Date of onset
Nephritis + Bronchial Pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Mann Greene, M. D.
Coroner

(Address) 1215 Hanover

40131 HEALTH DEPARTMENT—CITY OF BALTIMORE 40131

CERTIFICATE OF DEATH

107-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 Eastern ave. St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Peter Olszewski (Olson) If U. S. Veteran specify WAR

(a) Residence: No. 1519 Eastern ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Martin H. Olszewski
(Address) 1519 Eastern ave

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Oct 22 1937

19. UNDERTAKER George A. Weber
(Address) 705 S Ellwood ave

20. FILED OCT 23 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20th 1937

22. I HEREBY CERTIFY, That I attended deceased from October 17 1937 to Oct. 19 1937

I last saw him alive on Oct 18 1937. Death is said to have occurred on the date stated above, at 12.53 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance: Coronary failure	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify ...

(Signed) W. J. Trautz, M. D.

(Address) 923 St Paul St

10132

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10132

CERTIFICATE OF DEATH

100

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2713 E North Ave St., 8-36 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME August Theo Leimbach

If U. S. Veteran specify WAR .....

(a) Residence: No. 2713 E North Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna G Leimbach

6. DATE OF BIRTH (month, day, year) Sept 26 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	—	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sept 14-1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Edw Leimbach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Neufeld

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna G Leimbach

(Address) 2713 E North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Oct 20 1937

19. UNDERTAKER John Wenck

(Address) 2008 Aisquith

20. FILED ... 19 ... Registrar

OCT 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 11 1937 to Oct 16 1937

I last saw him alive on Oct 16 1937. Death is said to have occurred on the date stated above, at 4:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	Oct 3 1937
Hypostatic Pneumonia	
Other contributory causes of importance: Arteriosclerosis	Sept 1937

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Thos Dorsch M. D.

(Address) 926 E. Monument St

40133 F 40133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. 28-1

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4403 Fernhill Ave St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Annie I. Tibbins

(a) Residence: No. 4403 Fernhill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 18, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Tibbins

14. BIRTHPLACE (city or town) (State or country) Saxe-Coburg Germany

MOTHER

15. MAIDEN NAME Agnes Grandemeyer

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Mrs. Alan Stream
(Address) 4403 Fernhill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Oct 21, 1937

19. UNDERTAKER Wm. Pickrum & Sons
(Address) North & Pa. Aves

Filed 19 Registered

Oct 20 1937 Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 4 P.M.

The principal cause of death and related causes of importance were as follows:

Fracture of neck of L. femur

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 10/10, 1937

Where did injury occur? 4403 Fernhill Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Fell down stairs.

Nature of injury fracture femur & L.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Stacy Chrum M. D.
Coroner

(Address) 1210 Fairmount Ave

F 40134 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 40134

CERTIFICATE OF DEATH

93-e

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 S. Bouldin St., 26-11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louis Standenmaier

(a) Residence: No. 925 S. Bouldin St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kunigunda Standenmaier

6. DATE OF BIRTH (month, day, year) Mch 30 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employee of Standard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Co. 1886

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Peter Standenmaier.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Kunigunda Standenmaier wife
(Address) 926 S. Bouldin St

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Oct 21st 1937

19. UNDERTAKER Libby & Zeiler Inc.
(Address) 403 S. Wolfe St

OCT 20 1937 Huntington Williams, N.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1936, to Oct 18, 1937

I last saw him alive on Oct 17, 1937. Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

Hypertension C.V. Disease
Chr Myocarditis
Myocardial Failure

Date of onset

Other contributory causes of importance:

Was an operation performed? None. Date of .....

For what disease or injury? .....

Name of operation None. Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None. Date of injury ....., 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) E. A. Schumacher M. D.

(Address) 842 S. Eastern Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

0135

CERTIFICATE OF DEATH

131 F 40135

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 Mc Elderry St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... moe. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Connors

(a) Residence: No. 1613 Mc Elderry St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse Connors

6. DATE OF BIRTH (month, day, year) 10/31/1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md.

FATHER

13. NAME Steven Pinder

14. BIRTHPLACE (city or town) (State or country) Cambridge Md.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Cambridge Md.

17. INFORMANT Mr John A Whitcraft

(Address) 202 Mc Culloh St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cord Town Rd Date Oct 21 — 1937

19. UNDERTAKER Agnes Dan Beasley

(Address) 1721 Jefferson St

20. FILED OCT 20 1937 19..... Registrar. Hampton Mitchell, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-18 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-12 1937 to 10-18 1937

I last saw h.e.r alive on 10-18 1937. Death is said to have occurred on the date stated above, at 10:35 m. P

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	July '34

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Hampton Mitchell, M. D.

(Address) 1500 E. Madison St

10136 F 10136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Lee Paine

If U. S. Veteran specify WAR

(a) Residence: No. Forest Park Fifty-Fifth St. Garrison Blvd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 19 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired, ...ult

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...ds Sons

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Chas. T. Paine

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Olive M. Johnson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Sallie H Purdy
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cemetery Date Oct. 21 19 37

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1000 Eutaw Place

20. FILED OCT 20 1937
Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/19/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 10/18/37 . 19 to 10/19/37 . 19

I last saw him alive on 10/19/37 19 . Death is said to have occurred on the date stated above, at 4:17 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial failure

Rheumatic cardio vascular disease

Other contributory causes of importance:

Date of onset

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signature) Richard J. Williams M. D.
(Address) Md. General Hospital.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40137 V81

CERTIFICATE OF DEATH

Registered No. F 40137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2008 Fillmore Ave. St., 70-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME ..... Bertha Reed

(a) Residence: No. 2008 Fillmore Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of John W. Reed
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 15, 1864.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Unknown
(State or country) Maryland

FATHER

13. NAME John H. Ludwig

14. BIRTHPLACE (city or town) Unknown
(State or country) Germany

MOTHER

15. MAIDEN NAME Mary Green

16. BIRTHPLACE (city or town) Unknown
(State or country) Maryland

17. INFORMANT Mrs. John W. Reed
(Address) 5604 Fremore Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Oct. 22 1937

19. UNDERTAKER Harry L. Cutler

(Address) .....

20. FILED ..... 19..... Registrar.

Oct 20 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1936, to Oct 19, 1937

I last saw her alive on Oct 19, 1937 Death is said to have occurred on the date stated above, at 12:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	1930
Other contributory causes of importance:	
Transverse spinal myelitis	
	C.A.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Kornick, M. D.

(Address) 1434 W. Mulberry St.

40138 HEALTH DEPARTMENT--CITY OF BALTIMORE 40138

CERTIFICATE OF DEATH

X 3117-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. St., 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME E. Mortimer Timmons

(a) Residence: No. 83 Oregon Ave. St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Velda L. Timmons (nee Yeslo)

6. DATE OF BIRTH (month, day, year) July 29, 1907.

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	30	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Earl V. Kelly

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Ella Timmons

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. E. Mortimer Timmons
(Address) 83 Oregon Ave. Halethorpe

18. BURIAL, CREMATION, OR REMOVAL

Place Eastern (Date) Oct 22 1937

19. UNDERTAKER Harry A. Mutch
(Address) 101 Johnson Ave.

20. FILED OCT 20 1937 Arlington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/19, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/13/37, 19.., to 10/19/37, 19.. I last saw h.. alive on 10/19/37, 19.. Death is said to have occurred on the date stated above, at 8:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Duodenal Ulcer	10/18/37
Other contributory causes of importance:	
Peritonitis	10/18/37
Myocarditis - Surgical Shock	10/18/37

Was an operation performed? Yes Date of 10/18/37

For what disease or injury? Perforated Duodenal Ulcer

Name of operation Suturing of Ulcerated Area

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) L. T. Johnston Jr. M. D.

(Address) Maryland General Hospital

40139 **HEALTH DEPARTMENT—CITY OF BALTIMORE** SF

CERTIFICATE OF DEATH

F 40139

95-B

Registered No. 16-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 51 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME James Quickly

(a) Residence: No. 1712 W. Lanvale St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine

6. DATE OF BIRTH (month, day, year) 2/28/1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	81	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Elijah

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Fannie

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Ina Smith (Address) 416 Virginia Ave Towson Md.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 10-21-37

19. UNDERTAKER Thompson & Dennis & Knight (Address) 528 Pine or 1 Derry St

20. FILED OCT 20 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/14/37 , 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to October 14, 1937.

I last saw him alive on October 14, 1937. Death is said to have occurred on the date stated above, at 9 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	10-14-37
Other contributory causes of importance: Arteriosclerotic heart disease Unknown	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. De Lantelle M. D.

(Address) Baltimore City Hospitals

F 40140

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40140

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 S. Howard St., 23-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Johnson

(a) Residence: No. 1025 S. Howard St., 23 Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Bertha Hatton
(Address) 1025 S. Howard

18. BURIAL, CREMATION, OR REMOVAL
Place Old Mt. Auburn Date Oct 20 1937

19. UNDERTAKER Isaiah C. Brunson
(Address) 1016 Mary Monroe St.

20. FILED OCT 20 1937 19.. Wm. Hillegas Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/17, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/15/37, 19.., to 10/17, 19.37

I last saw h.. alive on 10/17, 19.37 Death is said to have occurred on the date stated above, at 6 .m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
	3d

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) D. H. Carroll M. D.

(Address) 109 W. Chase

10141

HEALTH DEPARTMENT—CITY OF BALTIMORE

10141

CERTIFICATE OF DEATH

#6

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 883 Lemmon St., 18-3 Ward)

Length of residence in city or town where death occurred 33 yrs. 3 mos. 27 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma M. McDonald

(a) Residence: No. 883 Lemmon St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James McDonald

6. DATE OF BIRTH (month, day, year) June 21, 1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME Charles F. Reeder

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

MOTHER

15. MAIDEN NAME Florence Edler

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

17. INFORMANT James McDonald
(Address) #883 Lemmon Street

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 10/ 21/ 1937

19. UNDERTAKER John J. Cowan & Son
(Address) 201 Hollins Street

20. FILED OCT 23 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1937, to Oct 18, 1937,
I last saw h[illegible] alive on Oct 18, 1937. Death is said to have occurred on the date stated above, at 3.10 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus,	6 mo.

Other contributory causes of importance:

none.

Was an operation performed? no Date of —

For what disease or injury? none.

Name of operation none.

What test confirmed diagnosis? Bx Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Chas. Norton, M. D.

(Address) 8 E. Fairmount Ave

10142 E 10142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH Franklin Square Hospital Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Peerson If U. S. Veteran specify WAR .....

(a) Residence: No. 723 N. Lexington St., Stuck Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Police Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL UNIVERSITY MEDICAL SCHOOL OCT 20 1937

Place ..... Date ..... 19 Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED ..... 19 ..... Registrar

OCT 20 1937

3571

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-9 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide, or Homicide? Accident Date of Injury 10/9/37

Where did injury occur? Franklin & Pine Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

How did injury occur? Struck by Auto & Run

Nature of injury Fractured skull while crossing St.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Hilmer B Grayley Asst. M. D. Coroner

(Address) 907 N Eutaw St

40143 F 40143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-W Ward)

Registered No. 194-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Allen

If U. S. Veteran specify WAR ...

(a) Residence: No. Not Known St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Not Known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Not Known

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL OCT 20 1937

COMMISSIONER OF HEALTH

19. UNDERTAKER Per H. A. Moore

(Address)

OCT 20 1937 ... Registrar.

USE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	
Fracture of Skull	

Other contributory causes of importance:

Was an operation performed? Yes Date of Oct, 8 1937

For what disease or injury? Fracture of Skull

Name of operation Decompression Date of Oct. 7 1937

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct. 6, 1937

Where did injury occur? Not Known (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Not Known

Manner of injury Not Known

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

Coroner

(Address) ...

✓ F 40144

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40144

CERTIFICATE OF DEATH

127

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St., 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR ...

2. FULL NAME Eva Lorenz

(a) Residence: No. 2115 Bank St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad Lorenz

6. DATE OF BIRTH (month, day, year) July 7 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Rudolph

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Conrad Lorenz

(Address) 2115 Bank Street

18. BURIAL, CREMATION, OR REMOVAL

Place Oakdawn Date Oct 22 1937

19. UNDERTAKER John M Weber

(Address) 401 S. Chester Street

20. FILED OCT 23 1937 Williamsport, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19 1937

22. I HEREBY CERTIFY, That I attended deceased from October 7 1937 to Oct 19 1937

I last saw her alive on Oct 19 1937. Death is said to have occurred on the date stated above, at 12 55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema of Gall Bladder	3 wks
Other contributory causes of importance:	
Arteriosclerosis	?
Chronic myocarditis	?

Was an operation performed? Yes Date of 10-13-37

For what disease or injury? Empyema of Gall Bladder

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Gilbert E. Rubman M. D.

(Address) St. Joseph's Hospital

✓ F 40145

10145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

943

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 19-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .... yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Margaret Oetzel

If U. S. Veteran specify WAR .....

(a) Residence: No. 307 S. Gilmor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad Oetzel

6. DATE OF BIRTH (month, day, year) Aug 25. 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	73	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Andreas Hussmetter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Catherine Jones

(Address) 2637 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Oct 22 1937

19. UNDERTAKER Mrs. Mrs. Kate W. Templeton

(Address) 201 W. Fayette St

20. FILED ..... 19 .....

Registrar

OCT 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20th 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schleyer, M. D.

Coroner

(Address) 1919 E. North Ave

E 40146

40146 HEALTH DEPARTMENT—CITY OF BALTIMORE

48

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 608 E Clement St., 2nd Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine M. Korb
(a) Residence: No. 608 E Clement St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Elmer J Korb
6. DATE OF BIRTH (month, day, year): Jan. 26 1901
7. AGE: Years 36; Months 8; Days 22; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER
13. NAME: Jane Rush
14. BIRTHPLACE (city or town) (State or country): Balto Md
15. MAIDEN NAME: Catherine Reed
16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mrs Catherine Roberts Mother
(Address) 608 E Clement St.

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: Oct 23 1937

19. UNDERTAKER: Chas L Stevens
(Address) 501 E Fort Ave

20. FILED: Oct 20 1937 Wilmington Williams N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 18, 1937

I HEREBY CERTIFY, That I attended deceased from 9/4/37 to 10-18-37
I last saw her alive on 10-18-37 9:20 p m. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma cervix Uteri	1935
Other contributory causes of importance: Carcinomatous Metastases	1937

Was an operation performed? Date of
For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Walter Kohn M. D.
(Address) 102 E. Fort Ave

10147 E 10147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 24431 (MB) 23

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 12-7 Ward)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Maggie Chance, or Johnson

(a) Residence: No. 2214 Oak Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lacy Covington

6. DATE OF BIRTH (month, day, year) 4/4/1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER FATHER

13. NAME William Chance

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Margaret Bell

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date 10/20/37 19

19. UNDERTAKER .....
(Address) .....

10-20-1937 .....

Huntington Williams, N.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-15, 1937, to 10-18, 1937

I last saw her alive on 10-18, 1937. Death is said to have occurred on the date stated above, at 8 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis - Pulmonary	Unknown
Tuberculosis Retroperitoneal Lymph Nodes	Unknown
Other contributory causes of importance:	

Was an operation performed? Yes Date of 7/13 - 8/24/37

For what disease or injury?

Name of operation Exploratory Laparotomies (2)

What test confirmed diagnosis? Pathology, Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify .....

(Signed) H. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

E 10148

0148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hosp (Ward) 21-4

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Kutlik (Bernard August Kutlik 2527 W. Baltimore St.

If U. S. Veteran specify WAR .....

(a) Residence: No. 2527 W. Balto St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 8/24/37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
8 weeks	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME August Kutlick

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mrs. August Kutlick

16. BIRTHPLACE (city or town) (State or country) Charlestown W. Va.

17. INFORMANT Mr. August Kutlik

(Address) 2527 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mountain View Shafersburg, Md. Date Oct. 21 1937

19. UNDERTAKER Chas. B. Marsh

(Address) 1003 W. Baltimore St.

20. FILED OCT 20 1937 19.... Registrar. Huntington Millwell, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/18/37, 19.... to 10/19/37, 19.... I last saw h.[illegible] alive on 10/19/37, 19.... Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Chas B Marsh M. D.

(Address) Bon Secours Hosp

✓ F 40149

40149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 S. Lakewood St. 1-3 Ward)

Length of residence in city or town where death occurred 50 yrs. 6 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U S Veteran specify WAR .....

2. FULL NAME Mary Cyrak

(a) Residence: No. 124 S. Lakewood St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. ~~Married~~ widowed, ~~or divorced~~
~~HUSBAND~~ (or) WIFE of Joseph Cyrak

6. DATE OF BIRTH (month, day, year) Feb. 7 - 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Wojciech Kurek

14. BIRTHPLACE (city or town) (State or country) German

15. MAIDEN NAME Sophie Lewandowska

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Kurek
(Address) 124 S. Lakewood

18. BURIAL, CREMATION, OR REMOVAL.
Place Holy Trinity Date Oct. 22, 1937

19. UNDERTAKER Wilson & Fitzgerald
(Address) 618 Eastern Ave

20. FILED OCT 20 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1937 to Oct 19, 1937

I last saw h~~e~~r alive on Oct 14, 1937. Death is said to have occurred on the date stated above, at 6:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	9 mo.
Nephritis Glomerulitis	1 yr.
Portal Cirrhosis Liver	5 mo.

Other contributory causes of importance:

Arteriosclerosis	5 years
Uraemia Coma	Late

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. De Bonneville M. D.
(Address) 1713 Fredericks Ave

B25D-865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X/117-F 40150

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fred Pessler

If U. S. Veteran specify WAR

(a) Residence: No. Box 317 - Irish case Ward. Spanish Pt.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bertha

6. DATE OF BIRTH (month, day, year) 10/19/1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md -

FATHER

13. NAME John Pessler

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Margaret Ewald

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 10/23 37

19. UNDERTAKER John J. Kupka
(Address) 2911 Hudson

OCT 20 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 11 1937 to Oct 19 1937

I last saw him alive on Oct 19 1937. Death is said to have occurred on the date stated above, at 12:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from gastric ulcer	
Other contributory causes of importance:	

Was an operation performed? yes Day of Oct. 11, 1937

For what disease or injury? Gastric ulcer.

Name of operation Post. Gastroenterostomy, Sr.

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify ...

(Signed) Paul de Kruif, M. D.

(Address) The Johns Hopkins Hospital

10151 F 10151

HEALTH DEPARTMENT—CITY OF BALTIMORE

10151

CERTIFICATE OF DEATH

137

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME BENJAMIN F. JENNINGS

(a) Residence: No. 35 WEST PRESTON St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of HARRIETT L. JENNINGS

6. DATE OF BIRTH (month, day, year) Sept 13 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	1	3 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) 8/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) NORFOLK VIRGINIA

13. NAME LEMUEL JENNINGS

14. BIRTHPLACE (city or town) (State or country) NORTH CAROLINA

15. MAIDEN NAME MINERVA L. LYNCH

16. BIRTHPLACE (city or town) (State or country) VIRGINIA

17. INFORMANT HARRIETT L. JENNINGS
(Address) 35 W. PRESTON ST

18. BURIAL, CREMATION, OR REMOVAL
Place Norfolk Va Date Oct. 20 37

19. UNDERTAKER Geo. L. Beyer Jr
(Address) (Clr Belmont)

20. FILED ... 19... Registrar.

OCT 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/19/1937

22. I HEREBY CERTIFY, That I attended deceased from 9/4/1937 to 10/19/1937

I last saw him alive on 10/19/1937. Death is said to have occurred on the date stated above, at 4.05 p.m.

The principal cause of death and related causes of importance were as follows:

PULMONARY EMBOLLISM — Date of onset 10/19/37

Other contributory causes of importance:

BENIGN PROSTATIC HYPERTROPHY — ABOUT 1922

Was an operation performed? YES Date of 9/25/37

For what disease or injury? PROSTATIC HYPERTROPHY (BENIGN)

What test confirmed diagnosis? Path. Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Joseph E. Brooks M. D.

(Address) University Hospital.

40152 ✓ F 40152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 10 S. Regester St., 2-2 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Alston

If U. S. Veteran specify WAR .....

(a) Residence: No. 10 S Regester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of David Alston

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Wm Hamp

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Isabella Waters

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Hattie Redd

(Address) 100 N Madeira

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 10/22 37

19. UNDERTAKER Wm A Jackson

(Address) 916 Pennsa

FILED 0 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence adduced by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Hypocardiitis	Aug 1 1937

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury?

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) George C. Allen M. D. Coroner

(Address) 50 Fayette St

F 40153

40153 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 S. Ellwood Ave St., 1-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME August Roslowski (Canopy)

(a) Residence: No. 713 S. Ellwood Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Helman

6. DATE OF BIRTH (month, day, year) Sept 25 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Retired 60 40

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rose Roslowski

(Address) 713 S. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Pauls Date 10/21 1937

19. UNDERTAKER John E. Connelly

(Address) Essex Md.

1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1 37, to Oct. 18, 37

I last saw h[illegible] alive on Oct 17, 1937. Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	
Debility of age	

Was an operation performed? No Date of ✓

For what disease or injury? .....

Name of operation ✓ .....

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. Joseph Toohey M. D.

(Address) 713 S. Ellwood Ave

✓ F 40154

40154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Odell Ave. nr Philadelphia St., 26th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Wm H. Shenton

If U. S. Veteran specify WAR .....

(a) Residence: No. Odell Ave. St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug-22-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elec Setter & Tester

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bell Enamel Co

10. Date deceased last worked at this occupation (month and year) Sept 1937

11. Total time (years) spent in this occupation 33 yrs

12. BIRTHPLACE (city or town) (State or country) Dorchester Co. Maryland.

FATHER

13. NAME Wm H. Shenton

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary K. Shenton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Martha Records

(Address) Jersey & Taylor Ave, Essex

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 10/22/1937

19. UNDERTAKER John L. Connelly

(Address) Essex Md

20. FILED OCT 20 1937 19..... Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-19-1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1937 to Oct 19 1937

I last saw h.. alive on Oct 19 - 1937 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
and Valvular Heart Disease	Last years
Other contributory causes of importance:	

Was an operation performed? No Date of.....

For what disease or injury?.....

Name of operation.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?.....Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Wm. S. Schmidt M. D.

(Address) 3209 Eastern Ave Baltimore, Md

F 10155

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10155

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3908 N. Charles St. St., 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. 10 mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran — specify WAR —

2. FULL NAME Sophie Hoffman McLane

(a) Residence: No. 3908 N. Charles St. St., ... Ward. —
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed~~ or ~~Divorced~~ (write the word)
Female	White	Single

5a. If ~~married, widowed~~, or ~~divorced~~ ~~HUSBAND of~~ ~~(or WIFE of~~ —

6. DATE OF BIRTH (month, day, year) Nov 30, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Louis McLane

14. BIRTHPLACE (city or town) (State or country) Wilmington, Del.

MOTHER

15. MAIDEN NAME Sophia Latimer Hoffman

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Dr. [illegible] (Name) (Address) 1012 N. Calvert St. Balto

18. BURIAL, ~~CREMATION~~, OR REMOVAL [illegible] Mount Cem. Balto Date Oct 21, 1937

19. UNDERTAKER Henry J. Scanlon & Sons Co (Address) McCollon & Bernard 32 Balto.

20. FILED OCT 21 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-14, 1937, to 10-19, 1937

I last saw her alive on 10-19, 1937 Death is said to have occurred on the date stated above, at 9.00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (10-5-37)
BRONCHOPNEUMONIA	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John E. Dorsey, M. D.

(Address) 1129 St. Paul St.

10156 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 10156

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ethel R. Infant Hatchorn

(a) Residence: No. 1312 Linden Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	infant

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — infant

6. DATE OF BIRTH (month, day, year) Oct 19, 1937.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			12

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Infant - none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Univ. Hosp. Balto. Md.

13. NAME Carl H. Hatchorn

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Margaret H. Hunterson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Carl H. Hatchorn
(Address) 1312 Linden ave

18. BURIAL, CREMATION, OR REMOVAL
Place Forrest Cem. Date Oct. 21, 1937

19. UNDERTAKER John Mitchell Sons
(Address) 1900 Eutaw Place

FILED Oct 21 1937 Huntington W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1937. to Oct 20, 1937.
I last saw h[illegible] alive on Oct 20, 1937. Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Warren Allen M. D.

(Address) University Hospital

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

40157 40157

CERTIFICATE OF DEATH

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Eaton Ave Balto. St. 25-1 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME (Mrs.) Ellen C. Sheppard

(a) Residence: No. Northumberland Apts. St., Ward. Washington D.C.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Sam Sheppard

6. DATE OF BIRTH (month, day, year) Oct 22. 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John Coyle

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ann Quigley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jenkins Mem. Hospital

(Address) 1000 Eaton Ave City

18. BURIAL, CREMATION, OR REMOVAL

Place West Point Va Date Oct 22 1937

19. UNDERTAKER John Mitchell & Sons

(Address) 1300 Eutaw Place

20. FILED ... 19 ... Registrar. Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 6th, 1937, to October 20, 1937

I last saw her alive on October 20, 1937. Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	10-20-37
Arteriosclerotic Hypertensive	?
Cardiovascular Renal Disease	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrence J. Shemanek M. D.

(Address) Jenkins Memorial Hospital

10158 E 10158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 16-7 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine Williams

If U. S. Veteran specify WAR .....

(a) Residence: No. 805 N. Parrish St., St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 13, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER FATHER

13. NAME Henry Williams

14. BIRTHPLACE (city or town) N. C.
(State or country)

15. MAIDEN NAME Elsie King

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Henry Williams
(Address) 805 N. Parrish St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Oct 21, 193[illegible]

19. UNDERTAKER Lloyd E. Nelson
(Address) 1223 Pennsylvania Ave

20. FILED ..... 19 ..... Registrar

Oct 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came
(Inquest, Autopsy or Inquiry)
Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No
If so, specify .....

(Signed) G. K. Cullen, M. D.
Coroner

(Address) 2252 Guilford Ave

40159 40159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

1. PLACE OF DEATH Provident Hospt. Registered No. ____
CITY OF BALTIMORE: (No. 1514 Division St. 14 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 12 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy Conway If U.S. Veteran specify WAR ____
(a) Residence: No. 1812 Madison Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or race: Colored
5. Single, Married, Widowed, or Divorced (write the word): single
6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): Feb 23, 1920
7. AGE: Years 17; Months 6; Days 27; If LESS than 1 day, hrs. or min. ?
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Northumberland Co Va
13. NAME: Le Roy Conway
14. BIRTHPLACE (city or town) (State or country): Northumberland Co Va
15. MAIDEN NAME: Adelia Peck
16. BIRTHPLACE (city or town) (State or country): Same
17. INFORMANT: Adelia Peck Informant
(Address) 1812 Madison Ave.
18. BURIAL, CREMATION, OR REMOVAL: Lakewood
Place: Lakewood, Va. Date: Oct 21 '37
19. UNDERTAKER: Mrs. Geo. H. Ireland
(Address) 1631 Druid Hill Ave
Filed Oct 21 1937 Williams, N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 19, 1937
22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1937, to Oct 19, 1937
I last saw h[illegible] alive on Oct 19, 1937 Death is said to have occurred on the date stated above, at 6.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Act. Cardiac Dilatation	10/19
Other contributory causes of importance: Act. Pneumonia Bilat.	10/8/37

Was an operation performed? No Date of —
For what disease or injury? —
What test confirmed diagnosis? Clinical Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —
24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Geo. McDonald, M. D.
(Address) 844 N Carey

40160 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40160

CERTIFICATE OF DEATH

Registered No. 115-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. Eye, Nose & Throat St., 14 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Duncan Cayanaugh

(a) Residence: No. 1407 Druid Hill Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 24 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Duncan Cayanaugh

14. BIRTHPLACE (city or town) (State or country) Ire

MOTHER

15. MAIDEN NAME Dorothy Jackson

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

17. INFORMANT Mrs Duncan Cayanaugh
(Address) 1407 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date Oct 21 1937

19. UNDERTAKER Jos. Geo. F. Helmes
(Address) 1 Lexington

20. FILED Oct 20 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 8:40 P.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Staphylococcus Throat
Pyogenitis
Septic Sore Throat

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Coroner, M. D.

(Address)

S 6

Albert Gorman

HEALTH DEPARTMENT—CITY OF BALTIMORE

40161

CERTIFICATE OF DEATH

23 F 40161

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hosp. St.) (Ward) 11

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Albert Gorman

(a) Residence: No. Safe Deposit & Trust Co. St., City.
(Usual place of abode) (If non-resident give city or town and State)

Bank Place - Charles & Pre

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie Young Gorman

7. DATE OF BIRTH (month, day, year) April 17, 1885

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	6	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Wm. Henry Gorman

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary C Clarke

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr. Douglas Gorman
(Address) Stevenson, Md

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Oct. 21, 37

19. UNDERTAKER Wm. Tucker Son
(Address) Hoff & Powell

Oct 21 1937 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1937 to Oct. 20, 1937

last saw him alive on Oct. 20, 1937. Death is said to have occurred on the date stated above, at 2.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1935
Myocardial degeneration (secondary)	Mar. 37

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury?

Name of operation none

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) S. D. Gordon M. D.

(Address) same

40162 E 40162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C CC

Registered No. 1872

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 1105 S. Kenwood St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

U. S. Veteran (specify WAR) ...

2. FULL NAME Joan Teresa Baumer

(a) Residence: No. 1105 S. Kenwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Oct. 17-1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas C. Baumer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Beran

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Thomas C. Baumer
(Address) 1105 S. Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Oct. 21 1937

19. UNDERTAKER Lilly & Feiler INC.
(Address) 403 S. Wolfe St.

20. FILED Oct 21 1937 Howard Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	3 days
Blue baby	
Other contributory causes of importance: Circulatory Occlusion	1 day

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation Clinical Date of ✓

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. W. Wood, M. D.

(Address) 1712 N. Broadway

F 40163

40163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B CC

1. PLACE OF DEATH Home — Registered No. 1872

CITY OF BALTIMORE: (No. 2010 Bank St. 2-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 7 mos. 30 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clarence Leroy Bandell Sr. — If U. S. Veteran specify WAR

(a) Residence: No. 2010 Bank St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Caroline Bandell

6. DATE OF BIRTH (month, day, year) Feb. 19 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	7	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) About 2 Years. — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas Bandell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Anna Gertrude Graff

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT John Bandell
(Address) 2010 Bank St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Pauls Date Oct 22 1937

19. UNDERTAKER Albert W Berryman
(Address) 440 E North Ave

20. FILED OCT 21 1937 — Livingston Williams, Registrar.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry did find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2 years
Other contributory causes of importance: Hernia right inguinal	3 years

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation Clinical Date of ✓

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. W. Wood, Coroner, M. D.

(Address) 1712 N. Broadway

40164

HEALTH DEPARTMENT—CITY OF BALTIMORE

40164

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital (Ward) 5

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Amelia L. Roesler

If U. S. Veteran specify WAR

(a) Residence: No. 562 S. Bentalow Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. Roesler

6. DATE OF BIRTH (month, day, year) Sept 12 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Flemmer

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Wm William Roesler

(Address) 562 S. Bentalow St.

18. BURIAL, CREMATION, OR REMOVAL

Place Rest. Catholic Cem. Oct. 22/37

19. UNDERTAKER F. B. Shepperd & Son

(Address) 100 Entaw Place

20. FILED OCT 21 1937 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-19-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/15/37, 19 to 10/19/37, 19

I last saw h.e alive on 10/19/37, 19 Death is said to have occurred on the date stated above, at 2:15 A m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage into the internal Capsule of left side.

Date of onset

Other contributory causes of importance:

Hypertension

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. [illegible] Lovell M. D.

(Address) 1402 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

40165

CERTIFICATE OF DEATH

95-2 F 40165

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital for Women of Maryland St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Crossmore, Lydia

(a) Residence: No. 213 W. Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jack D. Crossmore

6. DATE OF BIRTH (month, day, year) FEB 22 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	✓	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Abingdon md

MOTHER FATHER

13. NAME John P. Leight

14. BIRTHPLACE (city or town) (State or country) Abingdon Md

15. MAIDEN NAME Lavina McLeomas

16. BIRTHPLACE (city or town) (State or country) Abingdon md

17. INFORMANT Alfreida B. Haughey (daughter)

(Address) Bel Air Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Tom Date Oct 23 1937

19. UNDERTAKER Raymond R. McComas

(Address) Glenarden Md

OCT 21 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-20- 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-18- 1937 to 10-20- 1937

I last saw her alive on 10-20- 1937 Death is said to have occurred on the date stated above, at 10 1/2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Bronchial, Bilateral	10-19-37
Pulmonary Edema	10-17-37
Cardiac Decompensation	10-17-37

Other contributory causes of importance:

Hypertensive Heart Disease	2
Cerebral Embolism	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) N. P. Sellers M. D.

(Address) Woman's Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

40166 CERTIFICATE OF DEATH √ 23 -F 40166

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 W 37 St., 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John E Nicholson

(a) Residence: No. 816 W 37 St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Mar 7 1876

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Night

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME OF FATHER William A Nicholson

14. BIRTHPLACE (city or town) (State or country) Norfolk Va

15. MAIDEN NAME OF MOTHER Margaret A. Keyser

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Nicholson

(Address) 816 W 37 St

18. BURIAL, CREMATION OR REMOVAL

Place New Cathedral Date Oct 22 1937

UNDERTAKER J. S. Marshall

(Address) 2339 Falls Road

FILED OCT 21 1937

Huntingtor Williams, N.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1935 to October 1937

I last saw h/m alive on Oct 11th 1937. Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	1935
Myocardial Degeneration	1936
Myocardial Failure	

Other contributory causes of importance:

over

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Francis A. Gilles M. D.

(Address) 900 W. 37th St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

40167 E 40167

CERTIFICATE OF DEATH

√23

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 N. Bethel St. 8-7 (Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Mary Smith

(a) Residence: No. 1414 N Bethel St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Color	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Augus 15 1924

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
16	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurens S.C.

13. NAME Howard Smith

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Minnie Barksdale

16. BIRTHPLACE (city or town) (State or country) S.C

17. INFORMANT Howard Smith. (Address) 1414 E. Bethel St.

18. BURIAL, CREMATION, OR REMOVAL. Md Cemetery Oct 22 37

19. UNDERTAKER Mrs Edward O. Elliott Daughter. (Address) 1129 Maryland Ave.

20. FILED ..... 19 ..... Registrar.

OCT 21 1937 Huntington Ave. Millville, N.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 19 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1937, to Oct 19 1937.

I last saw her alive on Oct 19 1937. Death is said to have occurred on the date stated above, at 10 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T. B.	Feb- 1937
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

Was disease or injury in any way related to occupatinn of deceased? .....

If so, specify .....

(Signed) Calvin B LeCompte M. D.

(Address) 1118 N Caroline St.

F 40168 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 40168

CERTIFICATE OF DEATH 27309 (103) 95-13

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stephen Malatesta

If U. S. Veteran specify WAR

(a) Residence: No. 817 Eastern Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christina

6. DATE OF BIRTH (month, day, year) 6-28-1876 ~~7-28-1871~~

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61 ~~60~~	3	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Alvelia ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Interment Date Oct 23, 1937

19. UNDERTAKER Frank T. Pistorini

(Address) 1201 E. Baltimore St

20. FILED 19

Registrar

OCT 21 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 7, 1937, to October 19, 1937

I last saw him alive on October 19, 1937. Death is said to have occurred on the date stated above, at 4-25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeSantella M. D.

(Address) Baltimore City Hospitals

10169 10169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 S Lehig Ave St., 76 Ward 7)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frederick Buchholz

(a) Residence: No. 310 S Lehigh Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Buchholz.

6. DATE OF BIRTH (month, day, year) Jan 10 1859

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
78	9	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Can factory 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Buchholz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Otto Krueger

(Address) 230 Gardenia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Oct 21 1937

19. UNDERTAKER Geo Wellnot & Sons Funeral

(Address) 1005 Pulaski

20. FILED 19 Registrar.

OCT 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10 1937 19 to Oct. 18 1937 19

I last saw h im alive on Oct. 16 1937 19 Death is said to have occurred on the date stated above, at 1.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrmbosis.	
Immediate death.	
Other contributory causes of importance:	
Arteio- sclerosis.	
Duration ?	

Was an operation performed? No. Date of

For what disease or injury? No.

Name of operation None.

What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? NONE.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place NONE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) B. V. Kelly M. D.

(Address) 100 N. Linwood Ave.

Spec.—2-29-28—M. F. S.—500 Bks.

40170

F 40170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Fannie Thomas

(a) RESIDENCE NO. 1524 Riggs Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Thomas

6 DATE OF BIRTH (month, day, and year) May 10 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	5	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

10 NAME OF FATHER Henry Wilson

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lydia Wilson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

Informant William Brown

(Address) 1524 Riggs Ave

Filed Oct 21 1937 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 18, 1937

17 I HEREBY CERTIFY, That I attended deceased from Sept 29, 1937, to Oct. 15, 1937.

that I last saw h[illegible] alive on Oct. 18, 1937

and that death occurred, on the date stated above, at 6[illegible] A m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardiovascular renal disease

(duration) 10? yrs. mos. ds.

CONTRIBUTORY (Secondary) Congestive cardiac failure (duration) yrs. 1 mos. [illegible] ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? [illegible]

(Signed) Nathan Wolf, M. D.

10-18, 1937 (Address) Franklin Sq. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn Cemetery

DATE OF BURIAL Oct 21 1937

20 UNDERTAKER Joseph A Smith

ADDRESS 409 N Mount St

M. D. P. 1268-9

F 40171

HEALTH DEPARTMENT—CITY OF BALTIMORE

40171

CERTIFICATE OF DEATH

✓95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 W. Fayette St., 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mary Dooge

(a) Residence: No. 922 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: colored

5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Clarence Dooge

6. DATE OF BIRTH (month, day, year): Feb 22, 1887

7. AGE: Years 50 | Months 7 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: home

10. Date deceased last worked at this occupation (month and year): Sept. 1937

11. Total time (years) spent in this occupation: ___

12. BIRTHPLACE (city or town) (State or country): Easton Md

FATHER

13. NAME: John Tramer

14. BIRTHPLACE (City or town) (State or country): Easton Md

MOTHER

15. MAIDEN NAME: Henrietta Nunes

16. BIRTHPLACE (city or town) (State or country): Easton Md

17. INFORMANT (Address): Bertha Merritt 922 W. Fayette

18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Auburn Date Oct 21, 1937

19. UNDERTAKER (Address): Charles G. Cosper 514 S. Calhoun St.

FILED Oct 21 1937 Thomas J. Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10.18.37

22. I HEREBY CERTIFY, That I attended deceased from 9.25.37 to 10.18.37

I last saw her alive on 10.18.37. Death is said to have occurred on the date stated above, at 1150 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	9.25.37
Cardio vascular disease	?

Other contributory causes of importance:

Name of operation: none Date of: ___

What test confirmed diagnosis: Sym. Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? - no If so, specify ___

(Signed) James M. Carr M. D.

(Address) 865 Washington

HEALTH DEPARTMENT—CITY OF BALTIMORE

40172 CERTIFICATE OF DEATH √131 F 40172

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital St. 14 Ward) 3
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Geneva Stewart
If U. S. Veteran specify WAR .....

(a) Residence: No. 2009 Druid Hill Ave., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	Negro	Widow

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75		7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Marys Co Md

FATHER
13. NAME George Davis
14. BIRTHPLACE (city or town) (State or country) St. Marys Co Md

MOTHER
15. MAIDEN NAME Mary Hunter
16. BIRTHPLACE (city or town) (State or country) St. Marys Co Md

17. INFORMANT Mrs Eugene Stewart
(Address) 2009 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Date Oct-22 1937

19. UNDERTAKER J. A. Brooks
(Address) 1463 N. Carey St

20. FILED Huntington Williams, M.D. Registrar.
1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10. 19. 1937

22. I HEREBY CERTIFY, That I attended deceased from 9. 13. 1937, to 10. 19. 1937

I last saw her alive on 10. 19. 1937 Death is said to have occurred on the date stated above, at 9 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular renal disease	June 1936

Other contributory causes of importance:
None

Was an operation performed? Yes Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? Clinical & laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James R. Carr M. D.
(Address) 515 Mosher St

M. D. F. 1268-9

Monell Park

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40173 — CERTIFICATE OF DEATH — 46E ✓ F 40173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3010, Leighman Ave. 25-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Margaret L. Freitag

(a) Residence: No. 3010 Leighman Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert C. Freitag

6. DATE OF BIRTH (month, day, year) March 26-1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Andrew Lautzbach

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Lennette B. Freitag

(Address) 3012 Leighman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Octobr 23- 1937

19. UNDERTAKER George L. Lahmat

(Address) 2461 Eutaw Ick ave.

20. FILED OCT 21 1937 Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 2nd, 1937 to Oct 20, 1937

I last saw h[illegible] alive on Oct 20, 1937. Death is said to have occurred on the date stated above, at 12 45 a m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Liver — Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NS Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NS If so, specify

(Signed) C P Rossini, M. D.

(Address) 2613 Washington Blvd

F 40174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 157-D F 40174

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Universit Hospital Ward) 2nd

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Baby Girl Peregoy

(a) Residence: No. 1612 (Usual place of abode) Linden Ave St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6. DATE OF BIRTH (month, day, year): Oct 11, 1937.

7. AGE: Years | Months | Days: 11 | 10 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Universit Hosp Baltimore Md

13. NAME: Joseph Peregoy

14. BIRTHPLACE (city or town) (State or country): Maryland.

15. MAIDEN NAME: Connie Muir

16. BIRTHPLACE (city or town) (State or country): Maryland.

17. INFORMANT: Mrs. Connie Peregoy.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Lakeview Cem Date: Oct 21 1937

19. UNDERTAKER: George L. Schnaat

(Address) 7101 Goldsmith Ave

20. FILED: Oct 21 1937 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1937. to Oct 21, 1937.

I last saw he alive on Oct 21, 1937. Death is said to have occurred on the date stated above, at 3:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Mal Position of Viscera	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 10-15-37

For what disease or injury? Mal

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Warren Abrahams M. D.

(Address) Universit Hospital

F 40175

HEALTH DEPARTMENT—CITY OF BALTIMORE

F ~~40128~~

CERTIFICATE OF DEATH

131 F 40175

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2026 N. Wolfe St. 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOHANNA LOUISE JOHANSON

If U. S. Veteran specify WAR

(a) Residence: No. 2026 N. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Johan Johanson

6. DATE OF BIRTH (month, day, year): Jan. 19, ~~1864~~ 1863

7. AGE: Years 73 ~~74~~ | Months 9 | Days 0 | If less than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME: Edward Schulenberg

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Lucy Klein (Daughter)

(Address): 2026 N. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Cem. Date: Oct. 37

19. UNDERTAKER: HENRY SANDER & SONS. INC. Henry J. Sander

(Address): Baltimore & Broadway.

20. FILED: 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 26 1935 to October 19 1937

I last saw her alive on October 18 1937 Death is said to have occurred on the date stated above, at 3.15a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Chronic Interstitial Nephritis	1930
Cerebral Hemorrhage	10/16/37.

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clini[illegible] Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, state

(Signed) Allen G. Fitzgerald M. D.

(Address) 1613 E. North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40176 — 82-a F 40176

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 845 Hollins St., 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Monika or Minne Mankeicz

(a) Residence: No. 845 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Victor Mankeicz

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	*	*	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Mrs. Nellye Johnson
(Address) 1102 S. Orgland St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct. 23, 1937

19. UNDERTAKER John. A. Grebliauckas. Jr.
(Address) 423 S. Paca Street.

OCT 21 1937 Huntington Williams, N.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1937, to Oct 20, 1937

I last saw her alive on Oct 20, 1937. Death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Chronic Nephritis

Chronic Arteriosclerosis

Was an operation performed? no Date of

For what disease or injury? none

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

none If so, specify

(Signed) Chas Norton M. D.

(Address) 847 Hollins St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40177 — CERTIFICATE OF DEATH — 34-T-95-37 — 28795 RHW — 40177

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lucy Stokes

(a) Residence: No. 1010 Wolfe St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

6. DATE OF BIRTH (month, day, year) 12/25/1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	9	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Edwin Bossard

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Nellie Hurbanks

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Oct 23 37

19. UNDERTAKER Robert Williams
(Address) 1515 Mt Elderry St

20. FILED Oct 21 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 19. 1937

22. I HEREBY CERTIFY, That I attended deceased from September 19. 1937 to October 19. 1937

I last saw her alive on October 19. 1937. Death is said to have occurred on the date stated above, at 12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-16-37
Other contributory causes of importance: Cerebral Hemorrhage	9-19-37
Hypertensive cardiovascular disease	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. A. de Lalla M. D.

(Address) Baltimore City Hospitals

33629 33178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

33178 ✓ 72-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 10-27 Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ramsey Bell If U. S. Veteran specify WAR .....

(a) Residence: No. 1239 Ashland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Separated

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lucy

6. DATE OF BIRTH (month, day, year) 5/8/83

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54		9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Florida

13. NAME Alfred Bell

14. BIRTHPLACE (city or town) (State or country) Florida

15. MAIDEN NAME Amelia Brown

16. BIRTHPLACE (city or town) (State or country) Florida

17. INFORMANT Friends-

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem Date 10/21 1937

19. UNDERTAKER Joseph G. Lock Jr.

(Address) 1302 Jefferson St.

OCT 21 1937

Registrar

I. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1937 to Oct 17 1937

I last saw him alive on Oct 17 1937. Death is said to have occurred on the date stated above, at 3:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myeloid leukemia	

Other contributory causes of importance:

Secondary anemia

Myocardial insufficiency

Was an operation performed? no Date of .....

For what disease or injury? -

Name of operation -

What test confirmed diagnosis? Blood Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Walter B. Beck M. D.

(Address) Johns Hopkins

F 40179

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40179

CERTIFICATE OF DEATH

9372-R

Registered No. 29

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Arthur Burley

(a) Residence: No. 533 Vincent Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oct 1906 ~~10-1906~} ?

6. DATE OF BIRTH (month, day, year) month unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~55~~ 31				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NNO

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown Maryland

13. NAME John

14. BIRTHPLACE (city or town) (State or country) unknown Maryland

15. MAIDEN NAME Sallie

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date 10/21/37

19. UNDERTAKER Thomas E. Kelly
(Address) 1307 Pennsylvania Ave.

OCT 21 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1935 to Oct. 19, 1937

I last saw h. im alive on October 19, 1937 Death is said to have occurred on the date stated above, at 1:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	March 1935
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. Q. Cassedy M. D.

(Address) Baltimore City Hospitals

10168 48 HEALTH DEPARTMENT—CITY OF BALTIMORE 40180

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 9-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Lonesome

If U. S. Veteran specify WAR .....

(a) Residence: No. 1701 N. Dallas St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Sep

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-21-~~75~~00

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	~~39~~	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~10~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Virginia~~ ~~Unknown~~

13. NAME ~~John~~ Andrew

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Virginia ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Oct 21 1937

19. UNDERTAKER Merkle & Gadd
(Address) 2611 N. Gilmor St.

OCT 21 1937 ~~Annie~~ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1937 to Oct 18, 1937

I last saw him alive on Oct 18, 1937. Death is said to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension with Cerebral Thrombosis	?

Other contributory causes of importance: None

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Palmer Howard M.D.

(Address) Johns Hopkins Hosp. Balto

0181 E 10181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 28-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 2 yrs. ..... mos. ..... ds.

2. FULL NAME Solomon Dickman

(a) Residence: No. 4159 Fairview Ave. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hannah Chais

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 57 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Maria Dickman

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Esther

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Hannah Chais Dickman

(Address) 4159 Fairview ave

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Date 10-21-37

19. UNDERTAKER: Wm. Louis Ige

(Address) 1437 E. Baltimore St

20. FILED Oct 21 1937, 19.. Registrar: Hunter for Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/20/1937

22. I HEREBY CERTIFY, That I attended deceased from 10/12/1937 to 10/20/1937

I last saw him alive on 10/20/1937. Death is said to have occurred on the date stated above, at 6.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	8/37
Other contributory causes of importance:	

Was an operation performed? yes Date of 10/13/37

For what disease or injury? Carcinoma of rectum

What test confirmed diagnosis? CLINICAL Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19..

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph E. Beach M. D.

(Address) University Hospital

M. D. P. 1268-9

✓ F 40182

40182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2700 Maryland Ave St., Ward 6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Ella M. Doyle

No Record

(a) Residence: No. 2700 Maryland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: colored

5. Single, Married, Widowed, or Divorced (Write the word): widow

5a. If married, widowed, ~~or divorced~~ (or) WIFE of: John Merritt Doyle

6. DATE OF BIRTH (month, day, year): April 16th 1856

7. AGE: Years 81 | Months 6 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Augusta Co. Va

FATHER

13. NAME: Jas J. McKee

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Margaret A. Hawke

16. BIRTHPLACE (city or town) (State or country): Greenville Va.

17. INFORMANT: Margaret Doyle Walker

(Address) 2700 Maryland Ave.

18. BURIAL, CREMATION, OR REMOVAL: Mt Carmel Augusta Co Va Date Oct 22nd 1937

19. UNDERTAKER: William Cook

(Address) 1217 St Paul St. Balto Md

Filed Oct 21 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): October 20th 1937

22. I HEREBY CERTIFY, That I attended deceased from October 6th 1937 to October 20th 1937

I last saw her alive on October 19th 1937 Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Sclerotic)	
old age	
Other contributory causes of importance:	
Heart failure	Oct 20 37

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Reginald J. Tonry M. D.

(Address) 414 E. North Ave

40183 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 40183

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1711 E. Federal St., 8-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Josephine Agnes MacKabee — If U. S. Veteran specify WAR No Record

(a) Residence: No. 1711 E. Federal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of Edgar M. MacKabee

7. DATE OF BIRTH (month, day, year) Jan 18th 1861

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	9	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME George Wood

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Alice Knott

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John F. MacKabee
(Address) 3114 Cliftmont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Oct 22nd 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 19 Registrar.

1937 Huntington Williamette, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19th 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1936 to Oct. 18 1937

I last saw h[illegible] alive on Oct 18 1937. Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Unknown
Myocarditis, chronic	"
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Franklin C. Eleder M. D.

(Address) 3776 Belair Road. City

FRANKLIN C. ELEDER

40184 E 40184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 10-15-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME Andrew J. Kennedy

(a) Residence: No. 4304 Garrison Blvd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Kennedy

7. DATE OF BIRTH (month, day, year): Dec 6 1855

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	2	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm

10. Date deceased last worked at this occupation (month, day, year): 1924

11. Total time (years) spent in this occupation: 13

12. BIRTHPLACE (city or town) (State or country): Preston Md

13. NAME: Andrew Kennedy

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs Charles Fulton

(Address) 3329 Oakdale Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Pk Date 10-23-37

19. UNDERTAKER: Wm P. Conlon

(Address) 1219 E Monument St

20. FILED: Inspector Wilson

OCT 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1937 to Oct 20, 1937

I last saw him alive on Oct 20, 1937. Death is said to have occurred on the date stated above, at 3:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema of Gall Bladder	10-17-37
Other contributory causes of importance:	
Myocarditis	10-17-37
Hypostatic Pneumonia	10-17-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. F. Johnston M. D.

(Address) Md. General Hospital

40185

HEALTH DEPARTMENT—CITY OF BALTIMORE

40185

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1525 Fulton St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran, specify WAR No Record

2. FULL NAME Charles W. Benton

(a) Residence: No. 1525 Fulton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 7 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	9	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moulder Core Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry Mfg. Co.

10. Date deceased last worked at this occupation (month and year) Oct 37 | 11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Frank Benton

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Anne Walsh

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Anne Benton

(Address) 1525 Fulton St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Lucas Date 10/20/37

19. UNDERTAKER Wm. J. Ford & Co.

(Address) 1212 Pennsylvania Ave.

FILED OCT 21 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1937, to Oct. 20, 1937

I last saw him alive on Oct. 19, 1937 Death is said to have occurred on the date stated above, at 2:30 (A.M.)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis (Indefinite)	
Other contributory causes of importance: Uremia	10/18/37

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Campbell M. D.

10/20/37 (Address) 1-44 Hamburg St.

F 40186 HEALTH DEPARTMENT—CITY OF BALTIMORE F 40186

CERTIFICATE OF DEATH

108

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5415 Hilburne Ave Ward) 8-3

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter J. Whitehurst If U. S. Veteran specify WAR No Record

(a) Residence: No. 44 S. Poppleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

6a. If ~~married, widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~: Fannie L. Whitehurst

6. DATE OF BIRTH (month, day, year): June 11th 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	4	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ———

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Norfolk Va

13. NAME of father: Whitehurst

14. BIRTHPLACE (city or town) (State or country): Norfolk Va.

15. MAIDEN NAME of mother:

16. BIRTHPLACE (city or town) (State or country): Norfolk Va.

17. INFORMANT: Grace Smith

(Address): 5415 Hilburne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Date: Oct 22nd 1937

19. UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

20. FILED: OCT 21 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 20th 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1937 to Oct 20 1937

I last saw him alive on Oct 20 19.... Death is said to have occurred on the date stated above, at 11:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1930
Other contributory causes of importance: Lobar Pneumonia	5 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. L. Lang M. D.

(Address) 418 Southway Balto

F 40187

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40187

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 E. 36th St., 9-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Strasinger

If U. S. Veteran specify WAR No Record

(a) Residence: No. 607 E. 36th street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Jacob Strasinger

7. DATE OF BIRTH (month, day, year): Apr. 24- 1852

8. AGE: Years: 80 | Months: 5 | Days: 26 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME: Hughes

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Wm Strasinger

(Address) 607 E. 36th St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Oct 22 37

19. UNDERTAKER: Wm Cook

(Address) 217 St Paul St.

20. FILED Oct 21 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ...

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance: Cerebral Hemorrhage and Arteriosclerosis

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) ... M. D.

(Address) ...

10188 HEALTH DEPARTMENT—CITY OF BALTIMORE F 10188

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4701 York Rd St., 7-10 Ward)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No

2. FULL NAME James H. Talley

(a) Residence: No. 4701 York Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Lulu G. Talley

7. DATE OF BIRTH (month, day, year): Sept 7 1861

8. AGE — Years: 76 | Months: 1 | Days: 13 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City of Balto

10. Date deceased last worked at this occupation (month, day, year): Sept 1937 | 11. Total time (years) spent in this occupation: 28

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Lulu G. Talley
(Address) 4701 York Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 10/23/37

19. UNDERTAKER: J. H. Cole & Co
(Address) 1217 E Fayette St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1937, to Oct 20, 1937. I last saw him alive on Oct 20, 1937. Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis about 1 years	
Other contributory causes of importance: Cystitis - Soldiers	2

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Valentine D. M. D.

(Address) 16 So Broadway

✓ F 40189

40189 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Mem Hospital Registered No. 119

CITY OF BALTIMORE: (No. 137 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Ed Mc Glashey If U. S. Veteran specify WAR

(a) Residence: No. 3618 Paine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 22-39

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ernest Mc Glashey

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Elsie Sherwood

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Ernest Mc Glashey
(Address) 3618 Paine St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary temple Date Oct 22 1937

19. UNDERTAKER Harris D. Davis
(Address) 3418 Elmont Ave

20. FILED 1937 Williamsport, N.Y.
Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Entro Colitis	Oct. 17 37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Howard Crane, M. D.
Coroner

(Address) Coroner

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40190

CERTIFICATE OF DEATH

38 F 40190

Registered No.

1. PLACE OF DEATH: Baltimore Eye Ear & Throat Hospital

CITY OF BALTIMORE: (No.) 1214 Eutaw Place (If not in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr William W. Griffin

(a) Residence: No. Kinston North Carolina St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unmarried

6a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) ~~Mrs.~~ Unmarried

6. DATE OF BIRTH (month, day, year) Oct. 1, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	—	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Caswell Training School. Kinston, N.C.

10. Date deceased last worked at this occupation (month and year) Oct 3, 1937

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) (State or country) Elizabeth City. N. Carolina

13. NAME W. J. Griffin

14. BIRTHPLACE (city or town) (State or country) Elizabeth City N.C.

15. MAIDEN NAME Camilla Vaughan.

16. BIRTHPLACE (city or town) (State or country) Talbort. N. Carolina

17. INFORMANT Mrs ~~Geo~~ Jules. (Sister)

(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Elizabeth City N.C. Date 10-22 1937

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED Huntington Williams M.D. Registrar.

OCT 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 21. 1937

22. I HEREBY CERTIFY, That I attended deceased from October 18. 1937. to October 21. 1937

I last saw him alive on Oct. 21. 1937. Death is said to have occurred on the date stated above, at 10:25 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential Hypertension	?
Other contributory causes of importance: Acute Cardiac Dilatation (Left)	10-21-37

Name of operation Cataract Extraction Rt. Eye Date of 10-20-37

What test confirmed diagnosis? Clinical Examin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Edwin Knowles Jr M. D.

(Address) 1214 Eutaw Place

0191 E 40191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 27296 (MB) 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR None.

2. FULL NAME Lillie Benton

(a) Residence: No. 2016 W. Harlem Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Shelton Benton.

6. DATE OF BIRTH (month, day, year) 7/8/1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Benjamin Messick

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Annie Stafford

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) City Hospital Records

18. BURIAL, CREMATION, OR REMOVAL Place Solomons Island Md. Oct. 22- 37.

19. UNDERTAKER (Address) Charles J. Schwalb 535 N. Monroe St.

20. FILED Oct 21 1937 Registrar. Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 7, 1937 to October 19, 1937

I last saw her alive on October 19, 1937 Death is said to have occurred on the date stated above, at 7:19 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-17-37
Other contributory causes of importance: Cerebral hemorrhage	10-7-37

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. L. De Lawder M. D.

(Address) Baltimore City Hospitals

40192 40192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. St. 9-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Georgia Booze

If U. S. Veteran specify WAR

(a) Residence: No. 2629 Boone St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) May 19, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME James Garrett

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Rose Booze

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mother

(Address) 2629 Boone St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cr Date Oct 22 1937

19. UNDERTAKER Rayner Sanders

(Address) 1423-6 Preston St

20. FILED Oct 21 1937 Registrar.

Huntington Avenue, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-19-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-18-1937 to 10-19-1937

I last saw h alive on 10-19-1937 Death is said to have occurred on the date stated above, at 11:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcal Meningitis	10-17

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Lumbar puncture

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. Wagbelstein M. D.

(Address) Sydenham Hosp

F 40193

HEALTH DEPARTMENT—CITY OF BALTIMORE

40193

CERTIFICATE OF DEATH

194-B

Registered No. 1872

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Bay View 6 St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. 3 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME George Hickman

(a) Residence: No. 428 N. Carolina St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	not known

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) June 18-1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (1)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (1)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Ephraim Hickman

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL UNIVERSITY MEDICAL SCHOOL Place OCT 21 1937 Date 19

19. UNDERTAKER Per H. A. Noors

(Address)

OCT 21 1937 19 Per H. A. Noors

S 6

3004

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10 , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	10 days
Septicemia	10 days
Ulceration, Abscess, gangrene of Left Ankle, Asteomyelitis of left Os Calcis. (Osteitis)	Aug 9-1937
Other contributory causes of importance: Fracture lower left tibia	

Was an operation performed? Yes (Date of) Aug. 10-1937

For what disease or injury Fracture lower end left tibia

Name of operation Reduction fracture Date of Aug. 10-37

What was confirmed diagnosis Chronic Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Aug. 9. 1937

Where did injury occur? No history (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood Coroner, M. D.

(Address) 1712 N. Broadway

✓ F 40194

40194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 cc

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 1672

CITY OF BALTIMORE: (No. Bay View St. 2 Ward 3)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. 5 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Spochacz — If U. S. Veteran specify WAR World War,

(a) Residence: No. 910 S. Fell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) April 25-1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not employed

10. Date deceased last worked at this occupation (month and year) 10 08

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Mississippi

FATHER

13. NAME John Spochacz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Chemelewska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mary Anna Spochacz

(Address) 910 S. Fell

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Sept 29th 1937

19. UNDERTAKER George A. Weber

(Address) 705 S. Ann St.

Sept 29 1937 . 19 ... Registrar

Huntington Herald, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27 . 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3 days
Other contributory causes of importance: Alcoholism	7 years

Was an operation performed? no Date of ✓

For what disease or injury? ✓

Name of operation Clinical Date of ✓

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ✓ . 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40195

CERTIFICATE OF DEATH

93-F 40195

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 E Lafayette Ave St., 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin F Dillahunt Sr If U. S. Veteran specify War No Record

(a) Residence: No. 211 E. Lafayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie T. Dillahunt

6. DATE OF BIRTH (month, day, year) Nov. 5 188?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tobacco

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 27 yrs

12. BIRTHPLACE (city or town) (State or country) Pollocksville, N.C.

FATHER

13. NAME Benjamin F Dillahunt

14. BIRTHPLACE (city or town) (State or country) NC

MOTHER

15. MAIDEN NAME Sweden A Lee

16. BIRTHPLACE (city or town) (State or country) NC

17. INFORMANT Mrs Nettie Dillahunt (Address) 211 E Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL Place Pollocksville NC Date Oct 23 1937

19. UNDERTAKER Williams Co (Address) 1217 St Paul St

Signature of Undertaker or Licensed Agent: Wm E Williams Reg No

FILED OCT 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1937.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1934
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Daniel A Wolf, M. D. (Coroner)

(Address) 1331 E. North Ave

10196 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 10196

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH Hopkins Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-25 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Frank Vittek — If U. S. Veteran specify WAR yes.

(a) Residence: No. 517 N Luzerne Ave St., — Ward 10 Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Vittek

6. DATE OF BIRTH (month, day, year) Nov 30 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 7/ 12 37

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Frank Vittek

14. BIRTHPLACE (city or town) (State or country) Czechoslovakia

15. MAIDEN NAME Josefa Pajer

16. BIRTHPLACE (city or town) (State or country) Czechoslovakia

17. INFORMANT Edward Vittek (Bro)
(Address) 526 N Washington Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem Date Oct 22 1937

19. UNDERTAKER Charles E. Schumacher
(Address) 2602 E. Madison St.

FILED 1937 19 ..... Registrar.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-18 , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Free Rupture	10/16

Other contributory causes of importance:

Was an operation performed? Yes Date of 10/16

For what disease or injury? Free Rupture

Name of operation Cranotomy Date of 10/16

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
(Accident, suicide, or homicide) Accident Date of injury 10/16 1937

Where did injury occur? On Chester St @ McElroy
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by collision w auto

Nature of injury Fractured

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Herbert Bruehy Auto Coroner, M. D.

(Address) 907 N Charles St

197 B 10197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 12-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. Robert W. B. Mayo

If U. S. Veteran specify WAR

(a) Residence: No. 9 St. Martins Road, Gilman, City St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of Florence (Mayo) Stabler

DATE OF BIRTH (month, day, year) Dec 23 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	9	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Rev. Charles Mayo

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Miss Mary Weber Reynolds

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Edmund C. Mayo

(Address) Providence Rhode Island

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond Va Date Oct 22 1937

19. UNDERTAKER Henry F. Jenkins Sons Co

(Address) N. Eutaw & Richard Sts.

FILED 21 1937 Huntington Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1937, to October 21, 1937

I last saw him alive on October 21, 1937. Death is said to have occurred on the date stated above, at 3:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Esophageal Constriction +	About 1 yr
2. Inanition + acidosis	Oct 19 1937

Other contributory causes of importance:

None	none

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney Gilman, M. D.

(Address) Union Memorial Hospital

40198 HEALTH DEPARTMENT—CITY OF BALTIMORE F 40198

CERTIFICATE OF DEATH

Registered No. 1-3137

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Frank Volk

(a) Residence: No. 630 S Kenwood St., Ore Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) March 20th 1864 in Bavaria

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	7	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Maker None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manufacturer 2080

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Joseph Volk

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Hesser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Oct 23rd 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED 1937 Registrar Huntington Mitchell, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1937 to Oct 21, 1937

I last saw him alive on Oct 21, 1937 Death is said to have occurred on the date stated above, at 9:52 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anemia - Arteriosclerosis	
Septicemia - Carcinoma Col.	
& Cervix Fr. Superior -	
Benign Prostatic Hypertrophy	

Other contributory causes of importance:

Coronary Occlusion

Hypertension No Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Blood & Urine Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frederick T. Merchant M. D.

(Address) Johns Hopkins Hospital

Jud J. Merchant

40199 HEALTH DEPARTMENT—CITY OF BALTIMORE F 40199

CERTIFICATE OF DEATH

92-w

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2608 Gittons St 27-6 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. War Veteran specify War No Record

2. FULL NAME Elizabeth B. Landon

(a) Residence: No. 2608 Gittons St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Conrad Landon

7. DATE OF BIRTH (month, day, year): Feb 3 1844

8. AGE: Years 93 | Months 8 | Days 17 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): Dec 1936

11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME: Sarah Beck

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown Elsas

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mary E. Lyons
(Address) 2608 Gittons St

18. BURIAL, CREMATION, OR REMOVAL
Place Lutheran Date 10/22/37

19. UNDERTAKER: W. M. Cook
(Address) 1214 E. Lanvale

20. FILED 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1909, to Oct 20, 1937.

I last saw her alive on Oct 17, 1937. Death is said to have occurred on the date stated above, at 3:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	Oct 18
Ch. Interstitial Heart Disease	1934
Other contributory causes of importance: Cerebro Sclerosis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. Lorenz Wright, M. D.

(Address) 117 W. Saratoga St.

✓ F 40200

40200 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 Burgundy St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify War No Record

2. FULL NAME Leroy Roosevelt Clem

(a) Residence: No. 922 Burgundy St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 29, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

PERSONAL AND FAMILY HISTORY

13. NAME Charles A. Clem

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Annie E. Turner

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ada Hedrick
(Address) 806 Burgundy St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Oct 23rd 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquiry and that said deceased came
(Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) T. O'Donnell, M. D.

(Address) 757 W. Lexington Coroner

40201 HEALTH DEPARTMENT—CITY OF BALTIMORE F 40201 #13355

CERTIFICATE OF DEATH

95-B SF

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 2503 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Rudy

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2817 Indiana St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown (Henry)

6. DATE OF BIRTH (month, day, year) 1866 ? June 10th 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71 (72)	4	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME unknown (Evans)

14. BIRTHPLACE (city or town) (State or country) Ka. Known

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Oakwood Cem. Inc.

Place Richmond Va Date Oct 22nd 37

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19

Registrar.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 5 1937 to October 20 1937

I last saw her alive on October 20, 1937. Death is said to have occurred on the date stated above, at 7 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Unknown
Other contributory causes of importance:	
Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. De Santella, M. D.

(Address) Baltimore City Hospitals

F 40202

40202 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

Registered No. 16-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 Lemon St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret R. Harrison

(a) Residence: No. 906 Lemon St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Harrison

DATE OF BIRTH (month, day, year) Aug. 28th 1873

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	1	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Joseph Condon

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Rebecca Berkins

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Hilda Harrison

(Address) 1049 N Barr St

18. BURIAL, CREMATION, OR REMOVAL Cross Cem. Frederick Date 10/27 1937

19. UNDERTAKER Bernard C. Harle

(Address) 121 E. West St

20. FILED ..... 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 21st 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/15/37 to 10/21/37

I last saw ... alive on 10/21/37 at 3 P.M. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	before
Arterial Hypertension	6-1-37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, ...

(Signed) Richard D. Ward M. D.

(Address) 1 W. Mount Vernon Pl.

F 1937 17

F 40203

40203 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

27463 JS 82B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 6-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Susson

(a) Residence: No. 228 N. Port St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 3-20-1898

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	6	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Adam Susson Md.

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Mary Fridiges

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct. 22 1937

19. UNDERTAKER John L. Miller
(Address) 2234 Jefferson St.

FILED 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-13, 1937, to 10-18, 1937

I last saw h... alive on 10-18, 1937. Death is said to have occurred on the date stated above, at 8:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suppurative otitis media	four weeks
acute mastoiditis	1 week
Lateral & Cavernous Sinus Thrombosis	four days
Meningitis & Septicemia	four days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L.A. Woodward Jr. M. D.

(Address) Balto city Hosp.

40204 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40204

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. 27-2 Ward) 137 Registered No. 07

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs George Boone.

(a) Residence: No. 3906 Pinkney Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine H. Boone

DATE OF BIRTH (month, day, year) Oct. 14-1863

AGE: 74 Years | Months | Days 5 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER John R. Boone

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Ellen E. Fortner

16. BIRTHPLACE (city or town) (State or country) Delaware

INFORMANT Elizabeth Boone Raysinger
(Address) 3906 Pinkney Rd.

BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Oct 22 - 37 19

UNDERTAKER John A. Miller
(Address) 2234 Jefferson St

FILED 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 10, 1937 to October 19, 1937

I last saw her alive on October 19, 1937 Death is said to have occurred on the date stated above, at 1:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	12 yrs
Chronic Myocarditis &	10 yrs
cardiac dilatation re-largement	
Other contributory causes of importance:	
Either pulmonary thrombosis or massive cerebral hemorrhage	

Was an operation performed? Yes Date of Sept. 30 1937

For what disease or injury? Prostatic Hypertrophy

What test confirmed diagnosis Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thurston R Adams M. D.
(Address) Univ Hosp Balto.

F 40205

40205 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Willard Moore

(a) Residence: No. California St., ... Ward. Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Moore

6. DATE OF BIRTH (month, day, year) Feb 17, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) Oct 1932

11. Total time (years) spent in this occupation 60 yrs.

12. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

13. NAME Ellen Moore

14. BIRTHPLACE (city or town) (State or country) New Jersey

15. MAIDEN NAME Mary Mennebach

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Mary Mennebach

(Address) California, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date Oct 21 37

19. UNDERTAKER E. L. Robinson

(Address) ...

20. FILED Oct 21 1937 H. Clifton Williams, Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest) Autopsy thereon and from the evidence obtained by said (Inquest) Autopsy (or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compression Fracture 7th & 10th & 12th dorsal vertebrae 1st & 3rd lumbar	10-18-37
vertebrae Hernia	10-19-37
Bronchopneumonia	11-4-37

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 14, 1937

Where did injury occur? California Maryland (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place On farm

Manner of Injury Fell 15 ft from a pear tree

Nature of injury Fracture of vertebrae

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Fell from a tree on farm

(Signed) Russell Bruce, M. D.

Coroner

(Address) 1331 E. 19th Ave

F 40206

40206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28-493-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5103 Edmondson Ave Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Benjamin F. Williams

(a) Residence: No. 5103 Edmondson Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Martha A. Williams

6. DATE OF BIRTH (month, day, year) Jan 18. 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	9	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gloucester Co Virginia

13. NAME James E. A. Williams

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Benj'amin F. Williams

(Address) 5102 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Mem. Date Oct. 22 1937

19. UNDERTAKER Maurice C. Syfer

(Address) 1600 N. North Ave.

22 1937 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1937 to Oct. 20, 1937

I last saw him alive on Oct. 20, 1937 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (chronic)	2 / 1

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eugene L. Cesaro M. D.

(Address) 514 Dumay Lane

F 40207

F 40207 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-2 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 Maryland Ave St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John B. Tress

If U. S. Veteran specify WAR

(a) Residence: No. 1309 Maryland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (~~Wife~~) Mrs. Ruth Tress

6. DATE OF BIRTH (month, day, year) Sept. 9 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	1	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Walter J. Tress

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Adelburga Friede

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs. Ruth Tress
(Address) 1309 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date Oct. 22 1937
Henry Theobald Sons Inc.

19. UNDERTAKER
(Address) 1301 E. Eager St

Huntington Williams, N.P.
Registrar.

OCT 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20 1937

22. I HEREBY CERTIFY, That I attended deceased from May 25 1937 to October 20 1937

I last saw h in alive on October 18 1937. Death is said to have occurred on the date stated above, 8:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Regurgitation	1935
Chronic Myocarditis	"

Other contributory causes of importance

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Edward E. Singewald M. D.

(Address) 1613 E. North Ave.

F 40208

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C F 40208

Registered No. 14-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2119 Penna. Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Bataliun

If U. S. Veteran specify WAR

(a) Residence: No. 2119 Penna. Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Bataliun

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Repair Shop

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME David Bataliun

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Kertrude —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Anna Bataliun (wife)

(Address) 2119 Penna. Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Henry Cem. Date 10-22-1937

19. UNDERTAKER Jack LEWIS, INC.

(Address) 1429 E. BALTO. ST.

FILED 1937 Huntington Williams, M.D. Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 6, 9.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemic Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Harry Braun M. D. Coroner

(Address) 1215 Penna Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40209 CERTIFICATE OF DEATH F 40209

13-4 46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., Ward)

Registered No. 48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma Crockin

(a) Residence: No. 2205 Whitter Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widowed

6a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Mozelle Crockin.

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Jerahin Issadan

14. BIRTHPLACE (city or town) (State or country) Vilna, U.S.S.R.

15. MAIDEN NAME Berta X?

16. BIRTHPLACE (city or town) (State or country) Odessa U.S.S.R.

17. INFORMANT Rose Cohen, sister.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Mayfair Mk Date 10/24 1937

19. UNDERTAKER Lockwood Inc

(Address) 1434 E. Baltimore St

Filed 10/22 1937 Huntington Williams, Registrar, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 22. 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/18 1937 to 10/22 1937

I last saw h.. alive on 10/22 1937 Death is said to have occurred on the date stated above, at 6:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cecum with abdominal carcinomatosis	June 1937
Other contributory causes of importance:	

Was an operation performed? Yes Date of October 16, 1937

For what disease or injury? Carcinoma of cecum.

Name of operation Ileo-colic anastomosis

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify.

(Signed) A Mirkin, M. D.

(Address) Sinai Hosp.

40210 HEALTH DEPARTMENT—CITY OF BALTIMORE F 40210

335 Sept

CERTIFICATE OF DEATH

6-5-108

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rogers Bell If U. S. Veteran specify WAR

(a) Residence: No. 13 N. Bond St. St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 12-28-~~77~~ 12

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
25 (?)	~~39~~	9	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

13. NAME Nathaniel Bell

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Annie Nickols

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Oct 23 '37

19. UNDERTAKER Edw. Bryan (Address) 1241 Edmondson Ave

20. FILED ..... 19 ..... Registrar

OCT 22 1937 Hunting for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1937 to Oct 20, 1937

I last saw him alive on Oct 20, 1937 Death is said to have occurred on the date stated above, at 6 55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
LOBAR PNEUMONIA	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? → Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. T. Kluiffelter M. D.

(Address) Johns Hopkins Hosp.

F 40211 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 40211

CERTIFICATE OF DEATH

14-3 122-B

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edith Young

(a) Residence: No. 531 Presstman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel —

7. DATE OF BIRTH (month, day, year) 4-13 68

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	7 6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Indies

13. NAME Richard O'Brien

14. BIRTHPLACE (city or town) (State or country) West Indies

15. MAIDEN NAME Elizabeth (?)

16. BIRTHPLACE (city or town) (State or country) West Indies

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Oct. 23. 37

19. UNDERTAKER Mrs. George H. Hoyland
(Address) 631 Druid Hill Ave

20. FILED OCT 22 1937 Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20. 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 13. 1937 to Oct 20. 1937

I last saw her alive on Oct 20. 1937. Death is said to have occurred on the date stated above, at 9.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	Oct 15.
Peritonitis	Oct 15
Bronchopneumonia	Oct 20
Other contributory causes of importance:	
Fybroid Uterus, Hysterectomy	1902

Was an operation performed? Yes Date of Oct 15

For what disease or injury? Intestinal Obstruction (acute)

Name of operation Supra Pubic Laparotomy

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) Johns Hopkins Hosp

40212

HEALTH DEPARTMENT—CITY OF BALTIMORE

40212

CERTIFICATE OF DEATH

21-1 23

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. 8 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Smith (20926)

(a) Residence: No. 321 Scott St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 5, 1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	8	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date 10-22 1937

UNDERTAKER John C. Milling Inc

(Address) 2405 E. Chase St.

FILED 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 8, 1937 to October 20, 1937

I last saw him alive on October 20, 1937 Death is said to have occurred on the date stated above, at 11:05 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Sept. 1935

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

40213 F 40213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17-1 95-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 N. Duncan ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Elizabeth A Rosenthal

If U. S. Veteran specify WAR .....

(a) Residence: No. 621 N. Duncan St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or ~~divorced~~, HUSBAND of (or) WIFE of: Edw. F Rosenthal

7. DATE OF BIRTH (month, day, year): April 8 1859

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	6	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housework

10. Date deceased last worked at this occupation (month and year): Oct 20/37

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME Matthew Hoover

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mattie E. Rosenthal

(Address) 621 N. Duncan ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date 10-23- 1937

19. UNDERTAKER: Wm C Miller Inc

(Address) 2435 E Oliver St

20. FILED ..... 19..... Registrar.

22 1937 Waiting for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1937, to Oct 20, 1937

I last saw h[illegible] alive on Oct 20, 1937. Death is said to have occurred on the date stated above, at 6.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	10 days.
Other contributory causes of importance:	
Acute Cardiac Dilatation	
Arteria Sclerosis Hypertension	1930

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Abner B Lemmon M. D.

(Address) 718 N Patterson Park Ave

F 40214

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40214

CERTIFICATE OF DEATH

93-C

9-5

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 Gorsuch Ave St.. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S Veteran specify WAR

2. FULL NAME Patrick J. Giblin

(a) Residence: No. 812 Gorsuch Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

6. If married, widowed or divorced HUSBAND of (or) WIFE of Cecelia M. Giblin

DATE OF BIRTH (month, day, year) Mar. 17, 1862

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	7	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wool

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Patrick Giblin

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Cecelia M. Giblin

(Address) 812 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cem. Oct. 23, 1937

19. UNDERTAKER Elmer W. Conklin

(Address) 2247 Eager St.

20. FILED OCT 22 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-20-1931 to Oct. 20, 1937

I last saw him alive on Oct. 20, 1937 Death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Few years
Chronic Bronchitis	
& emphysema	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo. B. Sylvester M. D.

(Address) 7802 Harford Ave.

F 40215

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40215

CERTIFICATE OF DEATH

19-4 V48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 Ramsay St., ... Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie T. Graham

(a) Residence: No. 1815 Ramsay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Andrew C. Graham

DATE OF BIRTH (month, day, year) Jan. 14, 1877

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	9	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nothing lately

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME OF FATHER Joseph Gill

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME OF MOTHER Pardaughtery

16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT Grace R. Kingman (Address) 2513 W. Lombard St.

BURIAL, CREMATION, OR REMOVAL Place New Cathedral 10/25/37

UNDERTAKER Richard F. Curley (Address) 400 E. Fifth ave

FILED OCT 22 1937 Hunter Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1936 to Oct 21, 1937

I last saw her alive on Oct 21, 1937 Death is said to have occurred on the date stated above, at 11.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Alfred Scarpetta, M. D.

(Address) 1724 W. Lombard St

F 40216 F 40216 ✓ 94-F 40216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 20-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 318 S Franklintown Rd (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs 10 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR —

2. FULL NAME Ida Mack.

(a) Residence: No. 318 S. Franklintown Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col.	Widowed

3a. If married, widowed or divorced HUSBAND of (or) WIFE of William Mack.

6. DATE OF BIRTH (month, day, year) Nov. 23. 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	10	29.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Louis Zell.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Catherine Chenoweth

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Helen Zefel

(Address) 318 S. Franklintown Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park. Date Oct. 23, 1937

19. UNDERTAKER Charles J. Schwab

(Address) 505 N. Monroe St.

20. FILED Oct 23 1937 Hamilton Williams, Registrar.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy, or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Oct 21
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. A. Hanna Coroner M. D.

(Address) 818 W Baltimore St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40217

CERTIFICATE OF DEATH

27274 C

F 40217

Registered No. 17-2 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospts. St. ~~Ward~~)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rosie (Sara) Bland

(a) Residence: No. 585 Dolphin St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John (D)

DATE OF BIRTH (month, day, year) 12/?/1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Peter Bland (D)

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mildred Moore (D)

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT B. C. H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Hope Date Oct 22, 37

19. UNDERTAKER Mrs Katie R Williams

(Address) 3228 Edmondson St

19 37 Huntington Williams, Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 6, 1937 to October 17, 1937

I last saw her alive on October 17, 1937. Death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach (a) Known	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle, M. D.

(Address) Baltimore City Hospitals

40218

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40218

CERTIFICATE OF DEATH 26247 (MB) 107-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City nospitals St., 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine Lynch

(a) Residence: No. 810 Madison Avenue St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glenne, Md.

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT City nospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Md Date Oct 24 1937

19. UNDERTAKER John C Mitchell Sons
(Address) Huntingtown Williams, Md

20. FILED Oct 27 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 31, 1937, to October 21, 1937

I last saw her alive on October 21, 1937. Death is said to have occurred on the date stated above, at 9.03 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-17-37

Other contributory causes of importance:

Arteriosclerosis	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .....Date of injury....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. A. DeSantelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

40219

CERTIFICATE OF DEATH

13/F 40219

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3709 E. Lombard St., ... Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rosena Barbara Dochterman

(a) Residence: No. 3709 E. Lombard St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles J. Dochterman

DATE OF BIRTH (month, day, year) May 2. 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Schenk

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Magdelena Ziegler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles J Dochterman

(Address) 3709 E. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Ist Evang. cem. Date Oct. 23. 1937

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 11 - 1937 to October 20, 1937

I last saw h[illegible] alive on Oct 20 1937 Death is said to have occurred on the date stated above, at 12.25 p.m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Cardio Vascular Renal Disease	1 yr
Other contributory causes of importance: Bursal Pneumonia	5 da.
Myocardial Insufficiency	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. V. Keyser, M. D.

(Address) 156 W. Madison St.

Grace

F 40220

40220 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

95-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 Vanover St., 23-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maud B. Gaegel

If U. S. Veteran specify WAR .....

(a) Residence: No. 902 Vanover St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John A Gaegel

6. DATE OF BIRTH (month, day, year) Feb. 12-1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Chas. H. Schaefer

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Laura Dixon

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) John A. Gaegel 902 Vanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 23 1937

19. UNDERTAKER (Address) Jos. Mus. John H. Teufel & Son 501 W. Fayette St

Huntington Williams, M.D. Registrar

OCT 22 1937

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest that said deceased came to death on the day stated above.

Inquest

Inquest

Yes

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Indigestion	
acute Dilatation of Stomach.	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. Oneslow, M. D. Coroner

(Address) 2757 W. North Ave

F 40221

40221 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 732 E. North Ave. St., 9-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Ryan

If U.S. Veteran specify WAR .....

(a) Residence: No. 732 E. North Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lanty M. Ryan

DATE OF BIRTH (month, day, year) May 7, 1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	5	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York.

13. NAME Joseph O'Brien

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Eleanor Ryan

(Address) 732 E. North Ave.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Oct. 24 1937

UNDERTAKER E. Leroy Stiffler, Inc.

(Address) 732 E. North Ave.

FILED 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/14, 1937, to 10/21, 1937

I last saw h[illegible] alive on 10/20, 1937. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	10/14/37
Other contributory causes of importance: Arterio Sclerosis	5 Yrs.
Myocarditis	5 Yrs.

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas J. Mate, M. D.

(Address) 532 E. 22nd St.

40222

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40222

93-c

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH: Bon Secours Hospital

CITY OF BALTIMORE: (No. ~~Bon Secours Hospital~~) ....Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ... How long in U. S. If of foreign birth?....yrs....mos. ...ds.

2. FULL NAME Mrs. Margaret Manzke (Margaret Ellen Manzke)

If U. S. Veteran specify WAR

(a) Residence: No. 1906 Lafayette Ave St. ....Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Frederick Manzke

6. DATE OF BIRTH (month, day, year) January 6, 1898 1/16/88 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	9	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Edward J. Garrigan

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Catherine Folen

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. Albert Frederick Manzke

(Address) 416 N. Payson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Oct. 25, 1937

19. UNDERTAKER Joseph Lotz

(Address) 1005 W. Baltimore St.

20. FILED 19.....

OCT 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/15, 1932 to 10/21, 1937

I last saw h.. alive on 10/21, 1937 Death is said to have occurred on the date stated above, at 5.25 P m.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardio-vascular disease & cerebral hemorrhage, decompensated — Date of onset

Other contributory causes of importance: Myocardial Degeneration

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury....., 19.....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Chas B Marsh M. D.

(Address) Bon Secours Hosp

M. D. B. 1268-9

F 40223

40223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves St., G-L Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Catherine Feeney

(a) Residence: No. 2765 Fairfax Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced — —

HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 22-1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent

FATHER

13. NAME Frank Feeney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Tighe

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Catherine Gilchrist

(Address) Loretto Home Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 10/23/37

19. UNDERTAKER Chas H. Breul Son

118 W. Mt Royal Ave

Huntington Hillcrest

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-21-1937

22. I HEREBY CERTIFY, That I attended deceased from 9-25 1937 to 10-21 1937

I last saw h. alive on 10-20 1937. Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

Abdominal carcinomatosis probably of uterine origin — Date of onset

Pyonephrosis & hydronephrosis

Other contributory causes of importance:

Bronchopneumonia - left lung -

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Karl F. Meech M. D.

(Address) St. Agnes' Hospital

40224

F 40224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5-1 94-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 207 Aisquith St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Frederick Mitchell

If U. S. Veteran specify WAR

(a) Residence: No. 207 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Lorene Mitchell

6. DATE OF BIRTH (month, day, year) Sept 16-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	00	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frederick J. Mitchell

14. BIRTHPLACE (city or town) (State or country) Bermuda West Indies

MOTHER

15. MAIDEN NAME Charlotte ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Colored Age Home

(Address) 207 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Oct 24 1937

19. UNDERTAKER Mrs Kate R Williams

(Address) 322 S Schroeder St

Oct 22 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 19 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence adduced by said inquest did find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Oct 20
Cerebral Thrombosis	1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo L Allen M. D.
Coroner

(Address) 207 Aisquith St

F 40225

40225 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 18-1118

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 7 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sylvester Arabie

(a) Residence: No. 210 N Arunty St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 8-1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	0	16 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chester SC

FAMILY

13. NAME Jeanie Arabie

14. BIRTHPLACE (city or town) (State or country) Chester SC

15. MAIDEN NAME Margarie Nasace

16. BIRTHPLACE (city or town) (State or country) Chester S C

17. INFORMANT Essely Arabie

(Address) 210 N Aunty St

18. BURIAL, CREMATION, OR REMOVAL

Place Chester S.C. Date Oct 24, 1937

19. UNDERTAKER Mr Walter F. Williams

(Address) 222 E. Saratoga St.

FILED 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Spinal Meningitis (Fulminating type)	Oct 21
Other contributory causes of importance	37

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Coroner M. D.

(Address)

F 40226

40226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24-295-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Franklin Square Hosp St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 30 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Edna L. Smith
(a) Residence: No. 401 Sanders St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
fe.	W.	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Smith.

6. DATE OF BIRTH (month, day, year) March 20 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.
13. NAME Herman Meyers.
14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa
15. MAIDEN NAME Mary Benton
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.
17. INFORMANT Mary Meyers
(Address) 401 Sanders
18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct 23, 1937
19. UNDERTAKER Margaret J. Flynn
(Address) 1432 Light St.
20. FILED Oct 23 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 1931
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence [illegible] Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 hr.
Other contributory causes of importance Cardio-renal Hypertension	2 yrs

Was an operation performed? no Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) H. J. Hanna Coroner M. D.
(Address) 1842 W Baltimore St.

40227 F 40227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23-2 / 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1630 Light St. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma J. Albaugh

(a) Residence: No. 1630 Light St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas L. Albaugh

DATE OF BIRTH (month, day, year) Jan. 19. 1854

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	9	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME George Marsh

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Sarah Ferguson

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Mr. albaugh (Son)

(Address) 1630 Light St.

BURIAL, CREMATION, OR REMOVAL

Place National Cem. (London) Oct 23 1937

UNDERTAKER Margaret G. Flynn

(Address) 422 Light St.

FILED 1931 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/20/1937

22. I HEREBY CERTIFY, That I attended deceased from 9/10 1937 to 10/20 1937

I last saw h... alive on 10/20 1937. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	
Chronic nephritis	
Chronic myocarditis	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) .....

F 40228

40228 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 53-D 25-1

Registered No. .....

1. PLACE OF DEATH Pine Crest Sanitarium

CITY OF BALTIMORE: (No. 600 S. Chapel Gate Lane St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. Howard Monroe Keller

If U.S. Veteran specify WAR .....

(a) Residence: No. Manchester, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Agnes Reardon Keller

DATE OF BIRTH (month, day, year) October 28, 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Veternarian & Surgeon

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greenmount Maryland

13. NAME Winifred Keller

14. BIRTHPLACE (city or town) (State or country) Greenmount Maryland

15. MAIDEN NAME Fannie Frank

16. BIRTHPLACE (city or town) (State or country) Millers Maryland

17. INFORMANT Mrs. Howard M. Keller
(Address) Manchester, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Manchester, Md. Date Oct. 25 1937

19. UNDERTAKER J. D. Black
(Address) 1003 W. Baltimore St.

20. Huntington Williams, M.D.

OCT 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1929 to Oct 22, 1937

I last saw him alive on Oct 22, 1937 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma vertebral column	1

Other contributory causes of importance:

Pyogenic infection of	
Lung and brain meninges	

Was an operation performed? yes Date of 1929

For what disease or injury? Cancer

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Francis Stewart, M. D.

(Address) 5300 St. Albans Way

F. D. B. 1268-9

F 40229

0229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

24-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 Warren Ave St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sydney Wilhelm Snyder

(a) Residence: No. 309 Warren ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3. If married, widowed, or divorced
(or) WIFE of James B. Snyder

DATE OF BIRTH (month, day, year) March 27, 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
72	72	6	28 25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) June 1937

11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (city or town) (State or country) Franklin County Pa

13. NAME Michael Wilhelm

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME ~~Snyder~~ Leah Bolter

16. BIRTHPLACE (city or town) (State or country) unknown Pa

INFORMANT Emma Fogle

(Address) 309 Warren ave.

17. BURIAL, CREMATION, OR REMOVAL

Place Green Hill Pa Date Oct. 25, 1937

18. UNDERTAKER Walter L. Frame

(Address) Waynesboro Pa.

19. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1937, to October 22, 1937

I last saw her alive on Oct 22, 1937. Death is said to have occurred on the date stated above, at 5.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	unknown
Chronic nephritis	unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Nathan Rosenau, M. D.

(Address) 206 S. Gilmor St.

F 40230

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40230

CERTIFICATE OF DEATH

27833 V 921

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospt. St., 16-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR No Record

2. FULL NAME John Gude
(a) Residence: No. 2835 Harlem Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Gude

DATE OF BIRTH (month, day, year) 4-20-1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation 10/14/37

BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Julius S. Gude

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Margaret Stahl

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

INFORMANT B. C. H. Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct 25th 1937

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED 23 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-22-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-15-1937 to 10-22-1937
I last saw him alive on 10-22-1937 Death is said to have occurred on the date stated above, at 6:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis, ruptured	10/12
Generalized peritonitis	10/14
Bronchopneumonia	10/18
Other contributory causes of importance:	

Was an operation performed? Yes Date of 10/15/37
For what disease or injury? Appendicitis
Name of operation Appendectomy
What test confirmed diagnosis Surgery Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) L. K. Woodward Jr. M. D.
(Address) Balto. City Hosp.

40231

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40231

CERTIFICATE OF DEATH

27-1937

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5316 Reedy Ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. .... mos. .... da. How long in U. S. If of foreign birth? .... yrs. .... mos. .... da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Lunnie May Weber

(a) Residence: No. 5316 Reedy Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fml	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad A Weber

DATE OF BIRTH (month, day, year) Dec 19 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	11	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Gilbert Young

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Elizabeth Von Sant

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Norman Gibson

(Address) 5316 Reedy Ave

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 10/23/37

UNDERTAKER Wilson Corbin & Co

(Address) 1219 E. Fayette

FILED Huntington Williams, M.D. Registrar.

23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21 1937

22. I HEREBY CERTIFY, That I attended deceased from June 2 1935 to Oct 21 1937

I last saw her alive on Oct 21 1937. Death is said to have occurred on the date stated above, at 12:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron Int Nephritis	1934
Chron Myocarditis	1937
Other contributory causes of importance: Acute Cardiac dilatation	1937

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify No

(Signed) S. W. Bishop, M. D.

(Address) 501 Sheridan Ave

40232 E 40232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 28-259

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital St. Ward)

Length of residence in city or town where death occurred E yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mrs Herbert C Ballard

(a) Residence: No. 4400 Kathland Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Husband of Clara S Ballard

DATE OF BIRTH (month, day, year) Feb 20, 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager of Sales Force 10 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Smith Steel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

13. NAME Mrs Herbert Ballard

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Anna M. Rauser

16. BIRTHPLACE (city or town) (State or country) Bern Switzerland

17. INFORMANT Clara S. Ballard

(Address) 4400 Kathland Ave

18. BURIAL, CREMATION, OR REMOVAL Place Syracuse N.Y. Date Oct 23rd 1937

19. UNDERTAKER Wm Cook

(Address) 217 St. Paul St

20. FILED 1937 Huntington Williams, Wm

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-22-1937

22. I HEREBY CERTIFY, That I attended deceased from 10/10/37 19.. to 10/22/37 19..

I last saw h alive on 10/22/37 19.. Death is said to have occurred on the date stated above, at 3 30 p.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus
Carbuncle
Myocardial failure

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Blood Chemistry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard J. Williams, M. D.

(Address) Md General Hosp

40233 F 40233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 186-a

1. PLACE OF DEATH: Md General Hospital. 16 Ward
CITY OF BALTIMORE: (No. ... St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Rebecca Hayes,
If U. S. Veteran specify WAR No Record

(a) Residence: No. 1924 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ...

7. DATE OF BIRTH (month, day, year) Aug 22 1853

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Kentucky
13. NAME of Father John Hayes
14. BIRTHPLACE (city or town) (State or country) Baltimore Co Md
15. MAIDEN NAME of Mother Sarah Cole
16. BIRTHPLACE (city or town) (State or country) Baltimore Co Md
17. INFORMANT (Address) Wm Wagner 1924 W. Lanvale

18. BURIAL, CREMATION, OR REMOVAL
Place Rayville Md. Date Oct 25 1937
19. UNDERTAKER (Address) Wm Cook 1217 St Paul St
Huntington Williams, Jr.
Oct 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 3 days

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of neck of left femur	
Arteriosclerosis & Chronic Myocarditis	

Other contributory causes of importance: ...

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury 10/10 1937
Where did injury occur? 1924 W. Lanvale St. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home.
Manner of injury Fell on floor
Nature of injury Fractured left hip as related above

24. Was disease or injury in any way related to occupation of deceased? nnn If so, specify ...

(Signed) C. Norris Arthur M. D. Coroner
(Address) 215 Norris Bldg

S 6

40234 F 40234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 27450 (MB) 17-B

34g

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ralph Elzie

(a) Residence: No. 218 Rock Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

DATE OF BIRTH (month, day, year) 3/4/1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber ppd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Elizah (d)

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Levis (d)

16. BIRTHPLACE (city or town) (State or country) N. C.

INFORMANT (Address) City Hospital Records

BURIAL, CREMATION, OR REMOVAL Mt Calvary Cem Oct 23 37

UNDERTAKER (Address) Byron Kennedy 818 Dumbarton

FILED 19 By

Huntington Williams Jr

23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 13, 1937 to October 20, 1937

I last saw him alive on October 20, 1937. Death is said to have occurred on the date stated above, at 3:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal ulcer with hemorrhage	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

40235
336286

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40235

CERTIFICATE OF DEATH

1 119

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 E. Ward)

Length of residence in city or town where death occurred 2 yrs. .... mos. 2 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME James W. Lamaer — If U. S. Veteran specify WAR

(a) Residence: No. Bethlehem ave Edgemere St., ... Ward. Dr Pt md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 7-17-37

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. md

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Pat Lamaer

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Fannie Reynolds

16. BIRTHPLACE (city or town) (State or country) Ala

INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Oct 23 37

UNDERTAKER Robert F Williams (Address) 15-15 N Eden St

FILED OCT 23 1937 Registrar. Thos E Fenton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1937 to Oct 21, 1937

I last saw h. im alive on Oct 21, 1937. Death is said to have occurred on the date stated above, at 7:40 A m.

The principal cause of death and related causes of Importance were as follows:

Acute Nutritional disturbance — Date of onset 10-14

Acidosis — over

dehydration

Other contributory causes of importance:

Bil. otitis media.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ....If so, specify .....

(Signed) James A. Hardin M. D.

(Address) Johns Hopkins Hospital

40236 ✓ F 40236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37-14 95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 Club Road St. Ward) (If death occurred in a hospitel or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Gordon VALIANT

(a) Residence: No. 210 Club Road St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Eliza Ann Robinson VALIANT

7. DATE OF BIRTH (month, day, year) July 10th 1847

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER John VALIANT

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME OF MOTHER Mary Jane Walker

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Joseph W. VALIANT
(Address) 403 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date Oct 23 1937

19. UNDERTAKER Henry Hankins & Co.
(Address) Richard & Monroe Ellicott
Huntington Avenue

OCT 23 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21st 1937

22. I HEREBY CERTIFY, That I attended deceased from October 18th 1937 to October 21st 1937

I last saw him alive on October 21st 1937. Death is said to have occurred on the date stated above, at 8.20 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio Vascular Disease — Date of onset: Many Years Ago

Other contributory causes of importance:

Cerebral Vascular Accident — Oct. 18 '37
Acute Myocardial Insufficiency — Oct. 21 '37

Was an operation performed? No Date of

For what disease or injury? Not Applicable

Name of operation Not Applicable Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas Conrad Wolff M. D.

(Address) 11 East Chase St. Baltimore Maryland

40237

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40237

CERTIFICATE OF DEATH

165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5601 Purdue Ave. St., 37-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 5 mos. 7 da. How long in U. S. If of foreign birth ... yrs. ... mos. ... da.

2. FULL NAME Samuel Morris Sexton

If U. S. Veteran specify WAR NONE

(a) Residence: No. 2411 Rogers Av. St., 27 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ronelle H. Sexton

6. DATE OF BIRTH (month, day, year) May-13-1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	5	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER Samuel B. Sexton Jr.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME OF MOTHER Emma Fasbender

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs Emma S Lehmann (sister)

(Address) 2411 Rogers Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 23 1937

19. UNDERTAKER Edward Morris Co.

(Address) Funeral Directors

20. DATE 1937 Huntington Williamson, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 10/21/1937

Where did injury occur? 5601 Purdue Ave. Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Hanged self with a belt.

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Paul Schenker, M. D. Coroner

(Address) 1912 E. North Ave.

40238 ✓ F 40238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 14-293

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 Eutaw Place St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 7 mos. 15 ds. How long in U. S. If of foreign birth? 73 yrs. 7 mos. 15 ds.

2. FULL NAME Harry Nicodemus

If U. S. Veteran specify WAR NONE.

(a) Residence: No. 1500 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary Hill Nicodemus

DATE OF BIRTH (month, day, year): March 7 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	7	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Employee of the Fidelity Deposit Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year): about Sept. 1st

11. Total time (years) spent in this occupation: 40 yrs.

12. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

13. NAME OF FATHER: Josiah C. Nicodemus

14. BIRTHPLACE (city or town) (State or country): Waynesboro Pa.

15. MAIDEN NAME OF MOTHER: Mary J. Montandon

16. BIRTHPLACE (city or town) (State or country): Berlin Penna

17. INFORMANT: Mr Edwin Warfield (nephew)

(Address): 15 E. Saratoga St

18. BURIAL, CREMATION, OR REMOVAL

Place: Greenmount Date: Aug 23/37

19. UNDERTAKER: Stewart Mortuary

(Address): 108 Mt Vernon Pl.

20. FILED: Aug 23 1937 Herrington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 22d 1937

22. I HEREBY CERTIFY, That I attended deceased from May 31 1926 to Oct 22d 1937

last saw h[illegible] alive on Oct. 21 1937. Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease (Myocarditis) symptoms marked	March 1936
Other contributory causes of importance: Bronchopneumonia	Oct 19 1937

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis P. Hamburger M. D.

(Address) 1207 Eutaw Place

23 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

40239 CERTIFICATE OF DEATH 26945 MB 95-F 40239

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 22-1 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ethel Lester

(a) Residence: No. 320 S. Hanover Street St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Floyd

DATE OF BIRTH (month, day, year) 3/19/1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME John Lovett (d)

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Betty Moore (d)

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Cem. Date Oct. 23, 37

19. UNDERTAKER Charles F. Stevens
(Address) 1517 E. Fort Ave.

OCT 23 1937 Huntington Hillsman, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 25, 1937, to October 19, 1937.

I last saw her alive on October 19, 1937. Death is said to have occurred on the date stated above, at 8:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeSantelle M. D.

(Address) Baltimore City Hospitals

40240 HEALTH DEPARTMENT—CITY OF BALTIMORE F 40240

CERTIFICATE OF DEATH 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1835 N. Collington Ave St., 8-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Wimmer.

If U.S. Veteran specify WAR ...

(a) Residence: No. 1835 .Collington Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Wimmer

DATE OF BIRTH (month, day, year) May. 3rd. 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	66	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Wimmer Sr.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT (Address) Thersa Ruben 1835 N. Collington Ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct.25th 1937

UNDERTAKER (Address) George M. Fink & Son 811. N. Wolfe St.

FILED OCT 23 1937 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 21st37, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1937 to Oct 21, 1937.

I last saw him alive on Oct 20, 1937 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Jacob Frahm, M. D.

(Address) 1823 N. Mad. St.

F 40241

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40241

CERTIFICATE OF DEATH

4-2 82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 738 Waesche St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John White

If U. S. Veteran specify WAR .....

(a) Residence: No. 738 Waesche St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Bernace Jones

(Address) 738 Waesche St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct 25-37

19. UNDERTAKER Adolphus Halstead

(Address) 2 E. Lexington St. Baltimore

20. FILED OCT 27 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. Rosellini Coroner, M. D.

(Address) 2737 W. North Ave.

S 6

Rodes

HEALTH DEPARTMENT—CITY OF BALTIMORE

40242 — CERTIFICATE OF DEATH — F 40242

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 919 McCulloh St., Ward 4)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. 38 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jessie Rodes

If U.S. Veteran specify WAR

(a) Residence: No. 919 McCulloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B.	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Jessie Rodes

DATE OF BIRTH (month, day, year) 1888

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Cushwood

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Cushwood

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Ora Morton

(Address) 919 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Oct 25 1937

19. UNDERTAKER Adolphus Waltrip

(Address) 2 W. Lanvale St.

20. FILED 19 Huntington Williams, Registrar

23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/19/37 19

22. I HEREBY CERTIFY, That I attended deceased from 10/19/37 19 to 10/19/37 19

I last saw h alive on 10/19/37 19 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

Burns, Face, Neck & Chest

Date of onset 10/19/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Ellis M. D.

(Address) 927 Madison

40243 HEALTH DEPARTMENT—CITY OF BALTIMORE F 40243

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St., 7-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.
If U. S. Veteran specify WAR

2. FULL NAME Estelle Motley
(a) Residence: No. 1807 E. Eager St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colad	Married

6. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of George Motley

DATE OF BIRTH (month, day, year) 10/7/1894

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	0 11	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Homemaker
10. Date deceased last worked at this occupation (month and year) 9/37
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina
13. NAME Lee Coleman
14. BIRTHPLACE (city or town) (State or country) S. Carolina
15. MAIDEN NAME Mary Simpson
16. BIRTHPLACE (city or town) (State or country) S. Carolina
17. INFORMANT George Motley
(Address) 1807 E Eager St
18. BURIAL, CREMATION, OR REMOVAL
Place Chester SC Date 10/29/37
19. UNDERTAKER Isaac L. Brown & Son
(Address) 1 of N Montgomery St
20. FILED ... 19... Registrar

23 1937 Harrington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/22/37
22. I HEREBY CERTIFY, That I attended deceased from 9/23/37, 1937, to 10/22/, 1937
I last saw her alive on 10/22, 1937. Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis (Glomerula	
Hypertension	
Cardiac Hypertrophy	
Pulmonary Congestion	

Other contributory causes of importance:

Anemia	
Carbuncle Edema	

Was an operation performed? Yes Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Blood Urine Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. T. Lisanby, M. D.
(Address) Mercy Hospital

40244 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40244

CERTIFICATE OF DEATH 27601 (MB) 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 8-6 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sophia Hecherberg

(a) Residence: No. 1716 N. Regester St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ignaz

DATE OF BIRTH (month, day, year) 6/2/1879

AGE	Years	Months	Days	If LESS than 1 day.....hrs. or min.
	58	4	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Oct 24 1937

UNDERTAKER Harry H. Wetzke
(Address) 4101 Commodore Rd, Huntington Williams, N.Y.

FILED 19 Registrar.

OCT 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-14, 1937, to 10-21, 1937

I last saw h.r alive on 10-21, 1937. Death is said to have occurred on the date stated above, at 5:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar	2 wks
Empyema	4 days

Other contributory causes of importance:

Was an operation performed? Yes Date of 10/21/37

For what disease or injury? Empyema

Name of operation Thoracostomy

What test confirmed diagnosis? Surg Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L.K. Woodward M. D.

(Address) Balto. City Hosp.

40245 F 40245

40245 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1720 N. Calhoun St., 15-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Charles Smith Jones
(a) Residence: No. 1720 N. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hattie Jones
6. DATE OF BIRTH (month, day, year): July 27, 1867
7. AGE: Years 70; Months 3; Days 23; If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Northampton Co. Virginia
13. NAME of Father: Jones
14. BIRTHPLACE (city or town) (State or country): Virginia
15. MAIDEN NAME of Mother: Rachel
16. BIRTHPLACE (city or town) (State or country): Virginia
17. INFORMANT: Hattie Jones (Address) 1720 N. Calhoun St.
18. BURIAL, CREMATION, OR REMOVAL: Place Mount Auburn Cem. Date 10/23, 1937
19. UNDERTAKER: Thos. E. Kelso & Co. (Address) 1000 Pennsylvania Ave.
20. FILED 10/23, 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 20, 1937
22. I HEREBY CERTIFY, That I took charge of the remains described herein and that the evidence above, held as (Inquest, Autopsy or Inquiry) and that said deceased came (Inquest, Autopsy or Inquiry) death on the day stated above. 2.30 pm

The principal cause of death and related causes of importance were as follows: Date of onset

Arteriosclerosis

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Chas. Caraway, M. D. Coroner
(Address) 1215 Harlem Ave

40246 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40246

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 186-a cc Registered No. 1877
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Bay View St. 27-18 Ward

Length of residence in city or town where death occurred 86 yrs. 7 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran, specify WAR

2. FULL NAME Frederick A. Memmert Sr.

(a) Residence: No. 3612 Belvedere Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Elizabeth Memmert (dead)

6. DATE OF BIRTH (month, day, year) Feb. 23 - 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	7	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing factory
10. Date deceased last worked at this occupation (month and year) Abt. 2 years
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Frederick Memmert

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Madeline Rommel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frederick Memmert Jr.
(Address) 3508 Belvedere Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 10/23/37 19

19. UNDERTAKER No. Embalmer
(Address) 2503 Edmondson Ave

20. FILED ... 19 ... Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 21 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	some time
Fracture neck right femur	April 15 1937
Arterio-sclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury April 15 1937
Where did injury occur? 3612 Belvedere Ave.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Slipped on a rug at home
Nature of injury Fracture neck right femur.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood Coroner M. D.
(Address) 1712 N. Broadway

0247 23
3507

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40247

CERTIFICATE OF DEATH

145a - 149a

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 16-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella L Carroll If U. S. Veteran specify WAR

(a) Residence: No. 924 Carrollton ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

DATE OF BIRTH (month, day, year) 7-22-01

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
36	-	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

13. NAME Wm Bowling

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Nannie Gillain

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 10/25 37

UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St.

FILED 10 23 1937 Hugh Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1937 to Oct 21, 1937

I last saw h[illegible] alive on Oct 21, 1937 Death is said to have occurred on the date stated above, at 4.20 A m.

The principal cause of death and related causes of importance were as follows:

Intrapartum Infection
Post operative shock

Date of onset Oct 19, 37

Other contributory causes of importance:

Was an operation performed? yes. Date of Oct 20, 1937

For what disease or injury? Prolonged Labor, intrapartum infection

Name of operation Radical Cesarean Section

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) E Bell M. D.

(Address) Johns Hopkins Hospital

F 40248 HEALTH DEPARTMENT—CITY OF BALTIMORE 40248

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 1224-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert McCoy

(a) Residence: No. 609 2 St Spanow Point Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) S

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1901

7. AGE Years 36 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oyster

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Flora McCoy

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Mrs Anna Harlan

(Address) 609 2 St Spanow Pt. Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Hope Date Oct 23 1937

19. UNDERTAKER Geo O Wilson

(Address)

20. FILED 1937 Registrar

Oct 22 1937 Pocomoke, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described herein and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	Oct
(Uraemic Coma)	18
	37

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Geo O Wilson, M. D.

(Address) Pocomoke City, Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40249 — CERTIFICATE OF DEATH — 93-2 — F 40249

Registered No. 4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 N. Highland Ave St., 42 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth 42 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Pauline Wall

(a) Residence: No. 603 N. Highland St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Simon Wall

DATE OF BIRTH (month, day, year) Feb 11 1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	8	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME David Bubick

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dorothy Diehl

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr. Wall

(Address) 603 N. Highland Ave.

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Oct 24/37

UNDERTAKER Philip Henry Sons

(Address) 2116 Eutaw St

Oct 23 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 20, 1936, to Oct 19, 1937

I last saw her alive on Oct 19, 1937. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1936
arteriosclerosis	1936
Chronic myocarditis	3 da.
Cerebral Hemorrhage, Hemiplegia	

Other contributory causes of importance: none

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frank Virgilio M. D.

(Address) 2 Market St Dundalk

F 40250

40250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Fowler "B"

(a) Residence: No. 720 S. Hanover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	NEGRO	Infant.

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 10/22/37

AGE	Years	Months	Days	If LESS than 1 day, 8 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Gloucester Fowler

14. BIRTHPLACE (city or town) (State or country) Augusta Georgia

15. MAIDEN NAME Mary Fendall

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Admitting ~~Hospital~~ Office

(Address) Univ. Hosp.

BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date OCT 23 1937 19

Commissioner of Health

UNDERTAKER Per H. A. Moore.

(Address)

FILED 23 1937 Huntington Williams, M.D. Registrar.

3573

MEDICAL CERTIFICATE OF DEATH

17. DATE OF DEATH (month, day, year) 10/23 , 1937

I HEREBY CERTIFY, That I attended deceased from 5 PM 10/22 , 1937, to 6 2 AM 10/23, 1937.

I last saw him alive on 10/23 , 1937. Death is said to have occurred on the date stated above, at 6 23 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	
Respiratory failure	10/23
Other contributory causes of importance:	
Prematurity	

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph E. Bush , M. D.

(Address) University Hospital.

F 40251

40251 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Baby Boy Rhodes

(a) Residence: No. 11 W. York St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
♂	negro	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 20, 1937

AGE	Years	Months	Days	If LESS than 1 day, hours or minutes

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Wm. Wright

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Rosie R Coles

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Admitting Office

(Address) University Hosp.

BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL OCT 23 1937 Commissioner of Health

UNDERTAKER Per H. A. Moore

(Address)

FILED 23 1937 19 Registrar

Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1937 to Oct 21 1937

I last saw him alive on Oct 21 1937. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Respiratory failure	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel T. Ashe M. D.

(Address)

F 40252 HEALTH DEPARTMENT—CITY OF BALTIMORE F 40252

CERTIFICATE OF DEATH

12-2 194-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Everett W. Ayers

(a) Residence: No. Rising Sun. Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 1925

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Milliard C. Ayers

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Sadie E. Warre

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Milliard C. Ayers
(Address) Rising Sun. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mem Bonds Date Oct 24 1937

19. UNDERTAKER J. E. Tyson
(Address) Rising Sun Md.

Huntington Williams, M.D.
Registrar

24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatic Shock	
Compound Comminuted Fractur of L. Femur Tibia, Fibula	
Internal Injury, Internal Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Yes Date of Oct 21, 1937

For what disease or injury? Repair of Injuries

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Oct. 21, 1937, 19

Where did injury occur? Rising Sun, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Explosion of barrel of tar

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. E. Houlton, M. D.
Coroner

(Address) 223 E. 12th St.

40253 F 40253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1953

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hosp. for Women of Md. (St.) (Ward) 11-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary C. Riggs

If U.S. Veteran specify WAR .....

(a) Residence: No. 606 Cathedral St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

6. If married, ~~widowed~~ or ~~divorced~~ (or) WIFE of Clinton L Riggs

DATE OF BIRTH (month, day, year) May 11th 1866

AGE 71 Years	Months 5	Days 18	If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, saw yer, bookkeeper, etc. home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Richard Cromwell Riggs

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mary Anne Kennedy

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Richard C. Riggs

(Address) Catonsville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Oct 25th 1937

19. UNDERTAKER Henry H. Jenkins Sons Co.

(Address) Eutaw & McCulloh Sts

20. Filed OCT 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-23- 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-22- 1937 to 10-23- 1937

I last saw her alive on 10-23- 1937. Death is said to have occurred on the date stated above, at 4:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Hydrostatic	10-23-37
Cardiac failure, acute	10-23-37
Hypertensive Heart Disease	??

Other contributory causes of importance:

Parotitis, left, acute	10-23-37

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. F. Sellers M. D.

(Address) Women's Hosp.

14

F 40254

0254 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 34-2-82-Col

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Taylor

(a) Residence: No. 1145 N. Stricker St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella

DATE OF BIRTH (month, day, year) 5/3/1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	5	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Fillern Taylor

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Carrie Smith

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Carlton Date 10/26/37

19. UNDERTAKER William J. Parsons
(Address) 4[illegible] Pennsylvania Ave

20. FILED 1937 Huntington Williams, Registrar
10/17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 15, 1937, to October 23, 1937

I last saw him alive on October 23, 1937. Death is said to have occurred on the date stated above, at 12:-A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-18-37
Other contributory causes of importance: Cerebral hemorrhage	9-13-37

Was an operation performed? No Date of 0087

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. de Santalla, M. D.

(Address) Baltimore City Hospitals

F 40255

#27200

0255 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 34-139-8 SF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lillian Petty

(a) Residence: No. 1014 Shields Pl. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	Married (sep.)

If married, widowed, or divorced
HUSBAND of (or) WIFE of Lemuel

DATE OF BIRTH (month, day, year) 5/29/16

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	4	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6 M

BIRTHPLACE (city or town) (State or country) S.C.

13. NAME John Morris

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Mollie Littlejohn

16. BIRTHPLACE (city or town) (State or country) S.C.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Daffney S.C. Date 10/20 19 37

UNDERTAKER Williams & Jackson
(Address) 916 Monroe

FILED 4 1937 Huntington Wilson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-22, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-4, 1937, to 10-22, 1937

I last saw her alive on 10-21, 1937. Death is said to have occurred on the date stated above, at 3:25 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic inflammatory disease	Duration 10/21
Post-operative shock	

Other contributory causes of importance: None

Was an operation performed? yes Date of 10/21/37

For what disease or injury? Salpingo-oophorectomy

Name of operation Pelvic laparotomy-Hysterectomy

What test confirmed diagnosis? Surgery Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Lt. Woodward Jr. M. D.

(Address) Balto City Hosp.

F 40256

40256 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. V 23

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1140 Wilmer Ct (Street) (Ward) 17-2
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hinton Williams
If U.S Veteran specify WAR

(a) Residence: No. 1140 Wilmer St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widower

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) 1402

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
35				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Wilkinson Williams

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME — Derrick

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Nellie Derricks
(Address) 1140 Wilmer Court

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Oct. 25 37

UNDERTAKER Charles H. Alexander
(Address) 1201 McCulloh St.

FILED Huntington Williams M.D.
OCT 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to Oct 21 19
I last saw h[illegible]ive on Oct 20 1937. Death is said to have occurred on the date stated above, at 2.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Oedema	July 1 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If answer is yes, state specifically

(Signed) B. N. Hatcher M. D.
(Address) 1 W Pe Ave

F 40257

0257 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 27-17

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3100 W. Garrison Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran, specify WAR No Record

2. FULL NAME John L. Corson

(a) Residence: No. 3100 W. Garrison Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Sarah A. Corson

6. DATE OF BIRTH (month, day, year): Jan. 20, 1864

7. AGE: Years 73 | Months 9 | Days 2 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: pt 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Produce Salesman

10. Date deceased last worked at this occupation (month and year): 1933

11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: Jos. Corson

14. BIRTHPLACE (city or town) (State or country): N.J.

15. MAIDEN NAME: Elizabeth Howell

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Sarah A. Corson

(Address): 3100 W. Garrison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Cremation Md Date: Oct 25 1937

19. UNDERTAKER: Wm Cook

(Address): 127 St Paul St

20. FILED: OCT 27 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 22, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. Creedon M. D.
Coroner

(Address) 2757 W. Lem

S 6

F 40258

0258 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 117-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. 2-1 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? ..... yrs. mos. ds.

2. FULL NAME George W. Radcliffe
(a) Residence: No. 3157 Elmora Ave St. Elmora Ward.
(Usual place of abode) (If non-resident give city or town and State)

War No Record

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Ethel Radcliffe

DATE OF BIRTH (month, day, year): Nov 15th 1892

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	11	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Real Estate
10. Date deceased last worked at this occupation (month and year): Aug 1937
11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Mary Land
13. NAME: Geo. W. Radcliffe
14. BIRTHPLACE (city or town) (State or country): Md.
15. MAIDEN NAME: Elizabeth Rappiner
16. BIRTHPLACE (city or town) (State or country): Md

INFORMANT: Ethel C. Radcliffe Mrs
(Address) 3157 Elmora

BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Oct 26th 1937

UNDERTAKER: Wm Cook
(Address) 1217 St. Paul St

D 1937 Huntington Williams, Undertaker
8 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 22 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/13 1937 to 10/22 1937
I last saw him alive on 10/22 1937. Death is said to have occurred on the date stated above, at 11.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Ulcer (Perforated)	10/13/37
Other contributory causes of importance: Bronchial Asthma	
Peritonitis	

Was an operation performed? Yes Date of 10/13/37
For what disease or injury? For a perforated gastric ulcer
What test confirmed diagnosis? Clinic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Walter Henry Zinn, Jr., M. D.
(Address) University Hospital

F 40259

40259 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

25-1 126

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 323 Marydell Road St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 60 yrs. ... mos. ... ds.

2. FULL NAME Mrs. Agnes Jacobs.

If U.S. Veteran specify WAR .....

(a) Residence: No. 323 Marydell Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Jacobs,

DATE OF BIRTH (month, day, year) November 14.1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Charles Ohmes,

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs W.H.Muhl.

(Address) 323 Marydell Road

BURIAL, CREMATION, OR REMOVAL Date OCT 26 1937 19

Place Lorraine

UNDERTAKER Geo N Little

(Address) 2700 Edmondson Ave.

FILED OCT 4 1937

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/22 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/21 . 1937 . to 10/23 . 1937

I last saw her alive on 10/23 . 1937 Death is said to have occurred on the date stated above, at 9:15 m.

The principal cause of death and related causes of importance were as follows:

Cholangitis & Lithiasis — Date of onset

Bronchopneumonia

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? X Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Melvin Lewis M. D.

(Address)

F 40260

40260 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residenre in city or town where death ocrurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward M. Hopkins

(a) Residence: No. 100 East St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) May 28 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	4	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cleaner & Dyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2045

10. Date deceased last worked at this occupation (month and year) Oct 14/37

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Martin J. Hippler

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Augusta J. Mindorf

16. BIRTHPLACE (city or town) (State or country) Balto. Md

INFORMANT Frederick W. Hippler

(Address) 100 Pearl St

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 25, 1937

UNDERTAKER Mr. & Mrs. John W. Tempel & Son

(Address) 501 W. Fayette St.

Filed 1937 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 18, 1937, to Oct 22, 1937.

I last saw h[illegible] alive on October 22, 1937. Death is said to have occurred on the date stated above, at 3:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Lobar Pneumonia	
Chronic Nephritis	1935
(b) Lupus Erythematosus	
Other contributory causes of importance:	
Chronic Myocarditis	

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph E. Bush M. D.

(Address) University Hospital

F 40261

40261 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

53-E

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 35 E. Ostend St. 23-2 Ward)

Length of residence In city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Charles Albert Sr

If U. S. Veteran specify WAR

(a) Residence: No. 35 E Ostend St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	M

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Albert

DATE OF BIRTH (month, day, year) July 4 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 062

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Ind. Spirits

10. Date deceased last worked at this occupation (month, day, year) Oct 5 1937

11. Total time (years) spent in this occupation 50yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Jacob Albert

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Charles Albert Jr.
(Address) 31 E. Ostend St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park. Date Oct. 25 37.

19. UNDERTAKER Mr & Mrs. John W. Teufel & Son
(Address) 201 N. Fayette St.

20. FILED ..... 19..... Examiner Witnessed Not

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22. 1937.

22. I HEREBY CERTIFY, That I attended deceased from Jan 1/37 to Oct 22/37. 19..... to 19.....

I last saw him alive on Oct 22/37. 19..... Death is said to have occurred on the date stated above, at 6.4 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Neck

Date of onset

Contributory

Other contributory causes of importance:

None

Was an operation performed? Yes Date Oct 22/37

For what disease or injury? Carcinoma of Neck

Name of operation Removal of tumor

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. R. Holland M. D.

(Address) 1 W. Lyon Holland

F 40262

0262 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 20-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 947 W. Baltimore, St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME William L. Pfau

(a) Residence: No. 1946 Lauretta Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna M. Pfau

6. DATE OF BIRTH (month, day, year): Sept 10, 1901

7. AGE: Years 36 | Months 1 | Days 12 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Wm. F. Pfau

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

15. MAIDEN NAME: Christina Venner

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs. Wm. L. Pfau, 1948 Lauretta Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Baltimore Cem. Date Oct. 26 1937

19. UNDERTAKER (Address): Roland E. Fiedler, 612 N. Monroe St.

Filed ... 19 ... Registrar.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 22, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 y
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No so, specify ...

(Signed) ... M. D. Coroner

(Address) ...

S 6

F 40263

0263 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 20250--C 107-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 10-1 Ward)

Length of residence in city or town where death occurred 1883 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Baer

(a) Residence: No. 1032 Sterling St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Magdalena BAER

DATE OF BIRTH (month, day, year) 1861-11-29

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	10	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass Blower

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glass Mfr

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

7. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Frank BAER

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Bormern

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Records of Balto. City Hospts.

(Address)

BURIAL, CREMATION, OR REMOVAL Holy Cross, A.A. Co. Date Oct 26th 1937

UNDERTAKER Bernard C. Harle

(Address) 121 E. West St

FILED ... 1937 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1937, to October 22, 1937.

I last saw h[im] alive on October 22, 1937. Death is said to have occurred on the date stated above, at 6 15P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-20-37
Other contributory causes of importance: Arteriosclerosis	Unk. num

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. [illegible] M. D.

(Address) Baltimore City Hospitals

F 40264

0264 HEALTH DEPARTMENT—CITY OF BALTIMORE #27235 SF

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 7-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

life

If U. S. Veteran specify WAR

2. FULL NAME Sadie Mehrank

(a) Residence: No. 657 Gutman Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

3. If married, widowed, or divorced
HUSBAND of (or) WIFE of unknown

DATE OF BIRTH (month, day, year) 4/28/1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	60	5	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unk

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME William Riggin

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Maria Lewin

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct. 25, 37

19. UNDERTAKER Harry A. Miller
(Address) 2309 Jefferson St.

20. FILED 19 Registrar.

4 1937

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 5, 1937, to October 21, 1937

I last saw her alive on October 21, 1937. Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension and cardiovascular disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. de Santelle M. D.

(Address) Baltimore City Hospitals

✓ F 40265

40265 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2805 Halcyon Ave. St., 27-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs.....mos.....da. How long in U. S. If of foreign birth? .....yrs.....mos.....da.

If U. S. Veteran specify WAR .....

2. FULL NAME Nellie L. Groshans.

(a) Residence: No. 2805 Halcyon Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John H. Groshans.

DATE OF BIRTH (month, day, year) MAY-8-1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7	13.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None-Died

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore.

13. NAME Charles H. Wheeler.

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Victoria Hayward.

16. BIRTHPLACE (city or town) (State or country) Md. Matthews

17. INFORMANT Mrs. Esther ~~Horne~~ Matthews

(Address) 3216 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 10-25-37. 19

19. UNDERTAKER Wendell E. Humphreys.

(Address) 1501 N. Broadway.

(Filed) 1937. (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-21-37. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 19 35 to Oct 21 19 37

I last saw h alive on Oct 5 19 37 Death is said to have occurred on the date stated above, at 130 P m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis — Date of Onset 1930

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) K. L. Gordy M. D.

(Address) 5106 Harford Road

0266 F 40266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1460 William St. St. 24-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William F. Sothoron

If U. S. Veteran specify WAR .....

(a) Residence: No. 1460 William St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie P. Knott

7. DATE OF BIRTH (month, day, year) Apr. 26 1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	5	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co

13. NAME William H. Sothoron

14. BIRTHPLACE (city or town) (State or country) St. Marys Co.

15. MAIDEN NAME Katharine Burroughs

16. BIRTHPLACE (city or town) (State or country) St. Marys Co.

17. INFORMANT Mrs. Annie P. Sothorn

(Address) 1460 William St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Ce. Date Oct. 25 1937

19. UNDERTAKER J. Fus McCully

(Address) 130 E. Fort Ave.

20. FILED ..... 19..... Registrar.

24 1937

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from March, 1937 to Oct 22, 1937

I last saw h[illegible] alive on Oct 22, 1937 Death is said to have occurred on the date stated above, at 9:45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2
Arteriosclerotic	
Cardio vascular	
disease	—
Other contributory causes of importance:	
Acute Cardiac Dilatation	Oct 20 '37
Pulmonary Edema	Oct 22 '37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Walter Kohn, M. D.

(Address) 102 E. Fort Ave.

F 40267

0267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-13

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2317 Lauretta St., 190-2 Ward.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Capt Joseph S. Vanfleet — If U. S. Veteran specify WAR

(a) Residence: No. 2317 Lauretta St., ... Ward.
(Usual place of abode) Boyn 15 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, Married, Widowed, or Divorced (write the word) Widower

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Georgianna Varkeels

7. DATE OF BIRTH (month, day, year) Sept 3-1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	174	1	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Officer U.S. Army
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Centerville N.J.
13. NAME William N. Vanfleet
14. BIRTHPLACE (City or town) (State or country) Centerville N.J.
15. MAIDEN NAME Jane Varkeels
16. BIRTHPLACE (City or town) (State or country) Centerville N.J.
17. INFORMANT H. W. Chambers (Nephew)
(Address) Washington D.C.
18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Date Oct 27th 1937
19. UNDERTAKER H W Chambers Co
(Address) Washington D.C.
20. FILED ..., 19... Registrar.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1937
22. I HEREBY CERTIFY, That I attended deceased from June 10, 1937 to Oct 24, 1937
I last saw h... alive on Oct 23, 1937. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Arteriosclerotic Heart Disease	1935
Coronary Thrombosis	Oct 24,
Other contributory causes of importance: Acute Anemia Unspecified	Oct 1937
Nephritis	

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
... If so, specify ...
(Signed) Albert J. Hochat, M. D.
(Address) 2332 Edmondson Ave

40268 E 40268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 23-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 40 E. Ford St. 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 7 mos. 18 da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth M Wittle

If U. S. Veteran specify WAR

(a) Residence: No. 40 E. Ford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) March 4, 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	7	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. assistant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dress maker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Frederick b. Wittle

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Louise b. Vordembaugh

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Mrs Jessie E Beckwith

(Address) 40 E. Ford ave

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Oct 25 1937

UNDERTAKER C. Howard Evans

(Address) 1403 S Charles St

FILED 1937 Huntington Hiss. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/22 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1936 to October 22 1937

I last saw h. alive on Oct. 22 1937. Death is said to have occurred on the date stated above, at 4.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arthritis Deformans	
Myocarditis	
Other contributory causes of importance: Myocardial Insufficiency	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Vincent M. Messina M. D.

(Address) 1411 S. Charles St

F 40269

0269 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General Hospital 23-3 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frederick H.C. Grahe

(a) Residence: No. 1700 Clarkson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida L. Grahe

6. DATE OF BIRTH (month, day, year) April 2, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79 ~~84~~	6	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo. Grahe

(Address) 1417 Clarkson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Oct 25 1937

19. UNDERTAKER A. Howard Eggs

(Address) 1406 Eutaw St

20. FILED 19

Registrar

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22 1937 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
viewed by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Shock	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident. Date of injury Oct. 21, 1937

Where did injury occur? 1700 Clarkson St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell from bed

Nature of injury Fracture of R. Femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T.F. Cullen M. D.
Coroner

(Address) 2357 Lanvale St

✓F 40270

0270 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 N. Greene St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Pietro Liberto

(a) Residence: No. 412 N. Greene St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Liberto

DATE OF BIRTH (month, day, year) Nov 16 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1045

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Italy

13. NAME Giuseppi Liberto

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Salvatrice D'anna

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Maria Liberto

(Address) 412 N. Greene

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Oct 24 37

UNDERTAKER Albert W Bereano

(Address) 440 E north Ave

FILED ... 1937 ... Registrar. 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1935 to 10-21- 1937

I last saw him alive on 10-21 1937 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Prepericardial abscess — years. about 18-30
T.B. of ribs & lungs

Other contributory causes of importance:

Was an operation performed? several Date of see record
For what disease or injury? Incision & drainage for pericardial abscess & necrosis of ribs
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) S. D'Amario Medical Actg Dlg. M.D.

(Address)

F 40271

40271 HEALTH DEPARTMENT—CITY OF BALTIMORE

94-13

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1431 Linden Ave. St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harriet A.H.Kerr

(a) Residence: No. 1431 Linden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles G.Kerr

6. DATE OF BIRTH (month, day, year) Apr.17.1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Savannah Georgia

13. NAME James Houston

14. BIRTHPLACE (city or town) (State or country) Ga.

15. MAIDEN NAME Sarah Cumming

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Dr.Thomas Boggs
(Address) 1013 N.Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Harmony Cemetery Date Oct 26, 1937

19. UNDERTAKER John O'Rourke's Sons
(Address) 1900 Eutaw Place

20. FILED Oct 27 1937 H. Lester Williams Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26.1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 4 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis,	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Irvin Kramer, M. D.
Coroner

(Address) 215 Hanover

0272 F 40272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Benjamin Franklin Pope If U. S. Veteran specify WAR

(a) Residence: No. 225 Hawthorne Rd. Ward. City.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Wh.	married

6. If married, widowed, or divorced: HUSBAND of (~~or WIFE of~~) Mary E. Pope

DATE OF BIRTH (month, day, year) 6/19/1852

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
85	4	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Franklin F. Pope

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Mary E. Chandlee

16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT Mary E. Pope

(Address) 225 Hawthorne Road

BURIAL, CREMATION, OR REMOVAL

Place Friends Cem. Date Oct 26, 1937

UNDERTAKER John Mitchell Sons

(Address) 1900 Eutaw Place

FILED Nov 1 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/24/1937

22. I HEREBY CERTIFY, That I attended deceased from 10/21/37, 19....., to 10/24/37, 19.....

I last saw him alive on 10/23/37, 19..... Death is said to have occurred on the date stated above, at 3 m.

The principal cause of death and related causes of importance were as follows:

Paralysis Agitans — Date of onset 1933 ?

Cerebral Hemorrhage

Other contributory causes of importance:

Bronchopneumonia — Date of onset 10/22

Was an operation performed? no Date of.....

For what disease or injury?.....

Name of operation.....

What test confirmed diagnosis? Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify.....

(Signed) S. B. Sunday, M. D.

(Address) Union Memorial Hosp

F 40273

35615

40273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hosp) St. 12-4 Ward 72-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Israel Turow

(a) Residence: No. 2331 Barclay St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Julia

7. DATE OF BIRTH (month, day, year): 12-25-06

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
30	32	9	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1043

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Myer

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Ethel ?

16. BIRTHPLACE (city or town) (State or country): Russia

INFORMANT (Address): Records JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL: 10-24-37

Place: Mt. Lebanon Date: 19

UNDERTAKER (Address): East Shore Funeral Home 1100 Eutaw Place

FILED: 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1937 to Oct 23, 1937

I last saw him alive on Oct 23, 1937 Death is said to have occurred on the date stated above, at 12 A.m.

The principal cause of death and related causes of importance as follows:

Hodgkins Disease — Date of onset 1930

Cerebral Metastasis — 4 Months

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David B Strong Jr M. D.

(Address) Johns Hopkins Hospital

F 40274

40274 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Thomas Jarvis

(a) Residence: No. Berlin Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella V. Jarvis

DATE OF BIRTH (month, day, year) June 15, 1876

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	4	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Thomas A. Jarvis

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Sarah Coffin

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Ella V Jarvis

(Address) Berlin Md

BURIAL, CREMATION, OR REMOVAL

Place Berlin Md Date Oct 27 37, 19

UNDERTAKER J. W. Burbage

(Address) Berlin Md

FILED 1537 , 19 Registrar

Huntington Maryland

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/12, 1937 to 10/25, 1937

I last saw him alive on 10/25, 1937 Death is said to have occurred on the date stated above, at 1:00 A.M. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcus Septicemia	10/5/37
Bronchopneumonia	10/22/37

Other contributory causes of importance:

Was an operation performed? Yes Date of 10/15/37

For what disease or injury? Exploration of Rt. thigh for Possible Abscess

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. A. Davis M. D.

(Address) University Hospital

40275 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 40275

40275 J108

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 732 Wasche St. St., 4 Ward)
Length of residence In city or town where death occurred ... yrs. Life mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Wesley Fortie
If U. S. Veteran specify WAR .....
(a) Residence: No. 732 Wasche St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Grace A Fortie

DATE OF BIRTH (month, day, year) Jan 28-1881

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	10	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...
12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME Lloyd Fortie
14. BIRTHPLACE (city or town) (State or country) Balto Md
15. MAIDEN NAME Cecelia Aquilla
16. BIRTHPLACE (city or town) (State or country) Balto Md.
17. INFORMANT Grace Fortie (wife)
(Address) 732 Wasche St.
18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Oct 25 1937
19. UNDERTAKER Chas. S. Cofer
(Address) 514 S. Calhoun St.
20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 1937
22. I HEREBY CERTIFY, That I attended deceased from Oct 18 1937 to Oct 22 1937
I last saw h... alive on Oct 21, 1937 Death is said to have occurred on the date stated above, at 9 45 m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Lobar Pneumonia	Acute
Other contributory causes of importance: Pulmonary Oedema	Acute

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation ... What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
... If so, specify ...

(Signed) H Norwood M. D.
(Address) 739 W Fayette

HEALTH DEPARTMENT—CITY OF BALTIMORE

40276

CERTIFICATE OF DEATH

13 F 40276

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 N. Caroline St. 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Maggie Harris

(a) Residence: No. 1207 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced (or) WIFE of Robert N Harris

DATE OF BIRTH (month, day, year) Aug. 15, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	2	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Nathan Cooper

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Cole

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Dr. Bernard Harris Sr.

(Address) 1207 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL Date 10-25-37

Arbutus Mem. Park

19. UNDERTAKER John H. Johnson

(Address) 1300 Druid Hill Ave.

Hampton Williams, Mgr.

OCT 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-10-37 to 10-21-37

I last saw her alive on 10-11 1937. Death is said to have occurred on the date stated above, at 11:55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Vascular Renal disease	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Butler M. D.

(Address) 2035 Spring Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40277

40277

CERTIFICATE OF DEATH

119

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St. Balto 23-8 Ward)

Length of residence in city or town where death occurred ....yrs. 3 mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Lillian Irene Sherwood

If U. S. Veteran specify WAR

(a) Residence: No. 1533 Baldwin St. St., Balto. Ward. K

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, year) July 11, 1937

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME George Sherwood.

14. BIRTHPLACE (city or town) (State or country) Minn.

15. MAIDEN NAME Virgie Powell

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT George Sherwood

(Address) 1533 Baldwin St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Cemetery Date Oct 25 1937

19. UNDERTAKER Sherwood Bros.

(Address) 2613-17 Chestnut Ave

Filed Oct 25 1937, 19.... Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1937, to Oct. 22, 1937

I last saw her alive on Oct 22, 1937 Death is said to have occurred on the date stated above, at 5 22/60 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhoea	Sept 37
Other contributory causes of importance:	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Irvin Stamber, M. D.

(Address) Sinai Hospital

10278 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10278

CERTIFICATE OF DEATH

V 165

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 Talbott St., 25-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Grace Edna Hickey

(a) Residence: No. 28 Talbott St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. E. Hickey

6. DATE OF BIRTH (month, day, year) Feb. 2 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	8	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Ralph Shriver

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Mary Zimmerman

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Chas. Hickey
(Address) 28 Talbotte St.

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19...

19. UNDERTAKER
(Address)

FILED 1937 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation by Hanging	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury Oct. 25, 1937

Where did injury occur? 28 Talbott St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Hung self with bed sheet from second floor balustrade

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify mental

(Signed) H. H. Weller Coroner, M. D.

(Address) 2757 W. Lanvale

M. D. B. 1268-9

0279 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B-10279

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 Calhoun St., 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Chase

(a) Residence: No. 1108 Calhoun St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 081

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19 37

19. UNDERTAKER
(Address)

FILED 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1937, to Oct 23, 1937

I last saw him alive on Oct 23, 1937. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lung	?
Other contributory causes of importance: Pulmonary Hemorrhage	9/26

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) William Frey, M. D.

(Address) 1928 Penna Ave

10280 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 10280

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5310 Moorlb Rd St. 27-6 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME John Richard Conway

(a) Residence: No. 5310 Moorlb St., Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Child

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 26 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	7	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Carroll J Conway

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Mary R Donovan

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Carroll J Conway
(Address) 5310 Moorlb Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 10/25 1937

19. UNDERTAKER Leonard J Buck
(Address) 5310 Harford Rd.

FILED OCT 25 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an injury thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said injury find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenken Coroner, M. D.

(Address) 914 E. North Ave.

35-900

HEALTH DEPARTMENT—CITY OF BALTIMORE

40281

CERTIFICATE OF DEATH

119 F 40281

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 15-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nelson Eddy Cothran — If U. S. Veteran specify WAR

(a) Residence: No. 1507 Babitt St St., ... Ward. ..... (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 4/20/37

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6-6	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Genie Cothran

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Emma Cheeks

16. BIRTHPLACE (city or town) (State or country) N. Car

INFORMANT Records. (Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemetery Date Oct 25, 19 37

UNDERTAKER Thomas E. Kelson (Address) 1303 Pennsylvania Ave

OCT 25 1937 Hunting for Wilmington, N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1937 to Oct 23, 1937

I last saw him alive on Oct 23, 1937. Death is said to have occurred on the date stated above, at 1.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea	Oct-37
Bronchio Pneumonia	
Other contributory causes of importance:	
Otitis Media	

Was an operation performed? O Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? O

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? O If so, specify

(Signed) Weston M. Kelsey M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

0282

CERTIFICATE OF DEATH

26-1 93-F 40282

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4410 White Ave. St., 26-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Johanna D. Cardwell

(a) Residence: No. 4410 White Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Lindsay Cardwell, Sr.

DATE OF BIRTH (month, day, year) Mar. 4, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Thomas Jansen

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

15. MAIDEN NAME Caroline Nortmann

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

INFORMANT Mr. Wm. Cardwell

(Address) 6717 Linden Ave.

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Oct. 26 '37

UNDERTAKER Frederick Loudenslager

(Address) 7401 Belair Road

OCT 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1937, to Oct. 23, 1937.

I last saw h[illegible] alive on Oct. 23, 1937. Death is said to have occurred on the date stated above, at 2:15 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	?
Hypertension	?

Other contributory causes of importance:

Senile debility

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard Brownlie, M. D.

(Address) 5407 Belair Rd.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40283 CERTIFICATE OF DEATH F 40283

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 230 E Montgomery St. 22-1 Ward)

Length of residence in city or town where death occurred ..... yrs. 40 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles E Tracy

(a) Residence: No. 230 E Montgomery St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Estella Tracy

6. DATE OF BIRTH (month, day, year) Jan 21st 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foreman Sewed Sack Mfg Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ironton Md

FATHER

13. NAME William A Tracy

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Mary E Gallion

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John F Tracy

(Address) 238 E Montgomery St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Oct 27. 1937

19. UNDERTAKER John F Penny

(Address) 712 E 1st St

20. FILED OCT 25 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24th 37, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 23rd 37, 19 to Oct 24th 37, 19

I last saw him alive on Oct 24th 37, 19 Death is said to have occurred on the date stated above, at 12 Noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Unknown
Chronic Myocarditis	Many Years

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John B Gilman, M. D.

(Address) 1103 Eight St

HEALTH DEPARTMENT—CITY OF BALTIMORE

40284 30124

CERTIFICATE OF DEATH

146-F

F 40284

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St., 7-S ... Ward)

Length of residence in city or town where death occurred ... yrs. 4 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ross V Craggs

If U. S. Veteran specify WAR Spanish American

(a) Residence: No. 120 E 19th St., ... Ward. Brooklyn N Y

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ethel R. Craggs

DATE OF BIRTH (month, day, year) 2/22/74

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	8	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Export Mgr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron Foundry

10. Date deceased last worked at this occupation (month and year) Oct 1937

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or ... (State or country) Milan Penn

13. NAME Charles H. Craggs

14. BIRTHPLACE (city or town) (State or country) Cumberland Md

15. ... Lovada Va Binix

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Oct 26-37

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED Oct 25 1937 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-23. 1937

22. I HEREBY CERTIFY, That I attended deceased from June 5 1937 to Oct-23 1937

I last saw ... alive on Oct-23 1937. Death is said to have occurred on the date stated above, at 7:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas metastases to regional lymph glands	Feb 1937

Other contributory causes of importance:

Was an operation performed? yes Date of June 24, 1937

For what disease or injury? Carcinoma of pancreas

Name of operation Exploratory Laparotomy Cholecystgastrostomy Biopsy of mesenteric gland

What test confirmed diagnosis? biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) Sarah H. Rowland M. D.

(Address) Johns Hopkins Hospital

#27278

HEALTH DEPARTMENT—CITY OF BALTIMORE

10285 — CERTIFICATE OF DEATH — F 10285

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 21-23 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Kelly — If U. S. Veteran specify WAR

(a) Residence: No. 1114 Scott St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Marie

DATE OF BIRTH (month, day, year): 10/22/1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	0	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto

13. NAME: John Kelly

14. BIRTHPLACE (city or town) (State or country): Balto.

15. MAIDEN NAME: Margaret Brown

16. BIRTHPLACE (city or town) (State or country): Balto.

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: New Cathedral Date: Oct 27, 37

19. UNDERTAKER: Williams & Goetz
(Address): 317 St. Paul St.

FILED: OCT 25 1937 — Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): October 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 6, 1937, to October 23, 1937

I last saw him alive on October 23, 1937. Death is said to have occurred on the date stated above, at 2.00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-17-37
Other contributory causes of importance: Arteriosclerosis	Unknown
	6 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lamballe, M. D.
(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

10286 | CERTIFICATE OF DEATH | F 10286

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2702 Jefferson St., 7-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes Virginia Deaver If U. S. Veteran specify WAR No Record

(a) Residence: No. 2702 Jefferson St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed,~~ or Divorced (write the word)
Female	White	Divorced

6a. If ~~married, widowed, or~~ divorced HUSBAND of (or) WIFE of George Deaver

7. DATE OF BIRTH (month, day, year) April 16th 1868

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) New York N. Y.

13. NAME Charles M. Wines

14. BIRTHPLACE (city or town) (State or country) Long Island N. Y.

15. MAIDEN NAME Agnes Deets

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Ethel M. Harvey

(Address) 2702 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Oct 25th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED Oct 25 1937, 19 Registrar. Hamilton Division, N.E.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23rd, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 3, 1937 to October 23, 1937

I last saw her alive on October 23, 1937. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cerebral Hemorrhage	9-29-37
2. Hypertension	?
Other contributory causes of importance: Bronchopneumonia	9-10-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Jesse Aelman, M. D.

(Address) 1201 Pyeloh Home St.

10287 **HEALTH DEPARTMENT—CITY OF BALTIMORE** #24818 SF

CERTIFICATE OF DEATH

F 10287 ✓ 66-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City nospitals St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence McKinney

If U. S. Veteran specify WAR .....

(a) Residence: No. 718 W. Fayette St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie

DATE OF BIRTH (month, day, year) 6/30/1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	3	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (0)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Iowa

13. NAME Levi

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Nettie Newcomb

16. BIRTHPLACE (city or town) (State or country) Wis.

INFORMANT nospital records

(Address) .....

BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL OCT 25 1937

Commissioner of Health

UNDERTAKER Per H. A. Moore

(Address) .....

FILED 19 .....

1937 3564 N

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1937, to October 21, 1937.

I last saw him alive on October 21, 1937. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease & Angina	
Other contributory causes of importance:	
Hypostatic pneumonia	October 1937

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. G. DeSautelle M. D.

(Address) Baltimore City Hospitals

F 10288

HEALTH DEPARTMENT—CITY OF BALTIMORE

10288

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3904 Woodbine Ave. St., 28-1 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Johanne M. L. Pakendorf

If U.S. Veteran specify WAR

(a) Residence: No. Catonsville, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frederick L. Pakendorf

DATE OF BIRTH (month, day, year) May 26, 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	4	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Oldenburg (State or country) Germany

13. NAME Heinrich Munderloh

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mr. Alexander C. Frankwich

(Address) 3904 Woodbine Ave.

BURIAL, CREMATION, OR REMOVAL

Place Salem Lutheran Cem. Catonsville, Md. Date Oct. 26, 1937

UNDERTAKER (Address) 1005 N. Baltimore St.

FILED 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from May, 1936, to Oct 24, 1937

I last saw her alive on Oct 23, 1937 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date at onset
Cardio vascular renal disease	

Other contributory causes of importance:

Uremia

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B. Holmuck, M. D.

(Address) 4710 Liberty Heights Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40289

CERTIFICATE OF DEATH

94-B

F 40289

Registered No.

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 3916 E. Pratt St. 76-8 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? 23 yrs. mos. ds.

2. FULL NAME Emilio Pezzoli

If U. S. Veteran specify WAR

(a) Residence: No. 3916 E. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 9 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	4	19 H	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) Not for a year

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Joseph Pezzoli

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Teresa Tolentini

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Alfredo Pezzoli

(Address) 3916 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Francis Cem. Date Oct 26 1937

19. UNDERTAKER Frank O'Rourke

(Address) 52 N. Monty St.

20. FILED OCT 1937 19 L. Williams, Reg.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 23 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 Year
	about 4 Yrs.

Other contributory causes of importance: Arterio-sclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

E 40290

HEALTH DEPARTMENT—CITY OF BALTIMORE

40290

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital 154 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William George Handel If U. S. Veteran specify WAR

(a) Residence: No. 818 Winston Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 3 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stock Broker
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Kirkwood Ohio
(State or country)

13. NAME OF FATHER Frederick Handel

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME OF MOTHER Elizabeth Kreibiehn

16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

INFORMANT Mrs. A. Rolf
(Address) Wheeling W. Va

BURIAL Greenwood Cemetery
Place Wheeling W. Va Date Oct 25 37

UNDERTAKER Chas. E. Krause & Son
(Address) 1101 Main St Wheeling W. Va

Oct 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/24, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/20/37, 19 to 10/24/37, 19

I last saw him alive on 10/24/37, 19. Death is said to have occurred on the date stated above, at 8:10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic osteomyelitis (acute exacerbation)	1907
Acute Nephritis	10/20/37
Septicemia	10/22/37

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) S. D. Sunday M. D.
(Address) Union Memorial Hospital

F 40291

0291 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospt St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah C. Shanahan

(a) Residence: No. # 106 S. Poppleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of late John P. Shanahan

DATE OF BIRTH (month, day, year) Unknown 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Robert Carlisle

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Rebecca Glass

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mr Robert J. McClury

(Address) # 1827 W. Lexington St.,

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Oct 26, 1937

19. UNDERTAKER John J. Cowan & Son

(Address) 901 Hollins Street,

20. FILED [illegible] 19 [illegible] Registrar

OCT 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held a personal [illegible] thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct 21
Other contributory causes of importance Contrd kidney - Free diuresis	10/16

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 10/16/37

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place Street

How was injury received? Struck by auto while crossing street

Nature of injury Abrasion - head

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert Wesley Allen M. D.

Coroner

(Address) 907 N. Charles St.

✓ F 40292

0292 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

184

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 18 S Dallas St. 3-1 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Collins

(a) Residence: No. 18 S Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steamfitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florence S C

13. NAME John Collins

14. BIRTHPLACE (city or town) (State or country) Florence S C.

15. MAIDEN NAME Mary Louise

16. BIRTHPLACE (city or town) (State or country) Liverpool N C.

17. INFORMANT Beta Davis

(Address) 18 S Dallas St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Oct 23 1937

19. UNDERTAKER Clay Gilbert

(Address) Mt Auburn

Date 10-25 1937 Huntington Williams, M.D. Registrar

S 6 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) (Oct 21, 1937)

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound of head	(Oct 21 1937)

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? (Accident) Date of injury (Oct 21, 1937)

Where did injury occur? 18 S Dallas St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Was examining gun and it exploded

Nature of injury Gun shot wound of head

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Jerrel J. Allen M. D. Coroner

(Address) 507 Lexington St

F 40293

HEALTH DEPARTMENT—CITY OF BALTIMORE

0293

CERTIFICATE OF DEATH

107-a

24838 (MB)

Registered No.....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore city nospitals St., 1-2 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ben Majors

If U. S. Veteran specify WAR

(a) Residence: No. 3116 Fleet St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 5/14/1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	5	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nov 10

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

13. NAME John (d)

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizabeth Parlick (d)

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT City nospital records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 10/27/37

UNDERTAKER John J Ruda

(Address) 281 Hudson St

FILED 25 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 7 1937 to October 24, 1937

I last saw him alive on October 24, 1937 Death is said to have occurred on the date stated above, at 5:10 P m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 10-20-37

Other contributory causes of importance: Arteriosclerosis — Contributory

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Sautelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

40294 40294

CERTIFICATE OF DEATH

23

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Smith (13864) If U. S. Veteran specify WAR

(a) Residence: No. 173 N. Dallas St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 1, 1915

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	9	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C.C.C.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Richard

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Eliza Minor

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Oct 24 37
Elmer Harrison Undertaker

19. UNDERTAKER Arnett R. Clarke Son
(Address) 625 N. Calvert St.

20. FILED , 19 Registrar.

OCT 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1936 to October 22, 1937

I last saw him alive on Oct. 22, 1937. Death is said to have occurred on the date stated above, at 4:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	March 1936
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. Curtis, M. D.

(Address) Balto. City Hospitals

10295 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 10295 #27500 SF

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City hospitals St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Rush

If U. S. Veteran specify WAR

(a) Residence: No. 316 S. Lehigh St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

DATE OF BIRTH (month, day, year) 12/29/10

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
26	26	9	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemp.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Frank

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Emma ?

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT hospital records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Schwartzman Date Oct 26 1937

UNDERTAKER John Ulrich

(Address) 2200 Gatewood St

Filed 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-23-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-14-1937 to 10-23-1937

I last saw him alive on 10-22-1937 Death is said to have occurred on the date stated above, at 12:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute gangrenous appendicitis	2 weeks
Pulmonary Tuberculosis	Unknown
Tuberculous pneumonia	2 days

Other contributory causes of importance:

Was an operation performed? Yes Date of 10/14/37

For what disease or injury? Appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? Surgery Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Woodward Jr. M. D.

(Address) Balto. City Hosp

F 10296

HEALTH DEPARTMENT—CITY OF BALTIMORE

10296

CERTIFICATE OF DEATH

84

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 19-2 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Oliver C Shiver (SHRINER)

If U. S. Veteran specify WAR

(a) Residence: No. 1325 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lila A. Shriner

DATE OF BIRTH (month, day, year) June 30, 1889

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Jacob A. Shriner

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Dora Kinor

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs Marianna Shriner.

(Address) 1325 W. Fayette St

17. BURIAL, CREMATION, OR REMOVAL

Place Maryland Park Date Oct 27 '37

18. UNDERTAKER John Ulrich

(Address) 2007 Orleans St.

19 37 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/24, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/19, 1937, to 10/24, 1937.

I last saw him alive on 10/24, 1937 Death is said to have occurred on the date stated above, at 11:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Malignant Arteriosclerosis	
Depression Psychoses	1 yr

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. T. Lisansky, M. D.

(Address) Mercy Hospital.

10297 F 10297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 9771

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2813 Berwick Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas H. Emmart

(a) Residence: No. 2813 Berwick Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle V Emmart

DATE OF BIRTH (month, day, year) Nov 11 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Thos Emmart

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Emma Wardell

16. BIRTHPLACE (city or town) (State or country) Balto

INFORMANT Estelle V. Emmart

(Address) 2813 Berwick Ave

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Oct 26 1937

UNDERTAKER John H Lamb & Sons

(Address) 1200 Eutaw St

FILED 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1937 to Oct 23 1937

I last saw h. alive on Oct 23 1937 Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Oct 21/37

Other contributory causes of importance:

Ch. Nephritis

Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J S Hardesty, M. D.

(Address) 4810 Belair Rd

0298 F 40298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6114 Biltmore Ave., St. 27-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Minnie Oppenheimer Nathan

(a) Residence: No. 6114 Biltmore Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Nathan

7. DATE OF BIRTH (month, day, year) March 11, 1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	7	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Wayne, Ind.

13. NAME Abraham Oppenheimer,

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Emma Epstein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Milton Halle,
(Address) 6114 Biltmore Ave.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Balto. Hebrew Cem Date Oct. 26, 37

19. UNDERTAKER Leonard Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED ..... 19 ..... Registrar.

OCT 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1937 to Oct 24, 1937

I last saw her alive on Oct 24, 1937 Death is said to have occurred on the date stated above, at 5:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	22
Other contributory causes of importance: Auriculo-Ventricular Heart Block	21

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eugene J Leopold M. D.

(Address) 200 W. Lafayette Ave.

40299 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40299

CERTIFICATE OF DEATH 26-1-50

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 419 S. East ave. St., 3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Farrell
If U. S. Veteran specify WAR

(a) Residence: No. 419 S. East ave St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Dec 21-1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

13. NAME John Farrell

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Cassilly

16. BIRTHPLACE (city or town) (State or country) City

INFORMANT Mrs Agnes Martin
(Address) 419 S. East ave.

BURIAL, CREMATION, OR REMOVAL
Place New Cath. Date Oct-26 1937

UNDERTAKER P. McCaffrey & Son
(Address) 3010 E. Baltimore

FILED Oct 26 1937 Hampton Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/23/1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 1935 to Oct 23 1937

I last saw her alive on Oct 22 1937. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Breast	Jan 1935
Chr. Myocarditis	
Terminal Bronchopneumonia	Oct 20 1937

Other contributory causes of importance:

Was an operation performed? Removal of Breast Date of Jan 1935

For what disease or injury? Carcinoma of Breast

Name of operation Radical Removal of L. Breast

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Ed Schemineck, M. D.

(Address) 842 S. East Ave.

1937

H

40300 F 40300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12-2 47-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3319 St Paul St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilbur Hoby Catherwood McCance If U. S. Veteran specify WAR

(a) Residence: No. 3319 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced
HUSBAND of (or) WIFE of Clara L McCance

DATE OF BIRTH (month, day, year) April 1-1879

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	58	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pittsburgh Plate Glass Co

10. Date deceased last worked at this occupation (month and year) 3

11. Total time (years) spent in this occupation 2

7. BIRTHPLACE (city or town) Pittsburg
(State or country)

13. NAME OF FATHER John McCance

14. BIRTHPLACE (city or town) Pittsburgh
(State or country)

15. MAIDEN NAME OF MOTHER Mary McGinnis

16. BIRTHPLACE (city or town) Pittsburgh
(State or country)

17. INFORMANT Mrs. Clara L McCance

(Address) 3319 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Dec 28, 1937

19. UNDERTAKER Raymond Sons

(Address) North Ave

20. FILED Dec 28 1937 Registrar Huntington Williams M.D.

5 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937 to Oct 25, 1937

I last saw him alive on Oct 24, 1937 Death is said to have occurred on the date stated above, at ' m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Lung (Carcinoma)	Unknown

Other contributory causes of importance:

Was an operation performed? Yes Date of April 14-37

For what disease or injury? Cancer

Name of operation Pneumonectomy

What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) Chas. R. Goldsborough, Jr. M. D.

(Address) 2923 St Paul St

H. D. P. 1268-9

10301

F 40301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26-1 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4501 Glenarm Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Olsen

(a) Residence: No. 4501 Glenarm Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Katherine Ida Olsen

7. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	1	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Coast and Geodetic Survey

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Traveler for Government

10. Date deceased last worked at this occupation (month and year) 17yrs

11. Total time (years) spent in this occupation dont know

12. BIRTHPLACE (city or town) (State or country) Arendel Norway

13. NAME Tellef Olsen

14. BIRTHPLACE (city or town) (State or country) Arendel Norway

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Arendal Norway

17. INFORMANT Guorvall Olsen
(Address) 1737 Emmett St Brooklyn NY

18. BURIAL, CREMATION, OR REMOVAL
Place Bells Cemetery Date Oct 27 1937

19. UNDERTAKER Geo Schilling & Sons
(Address) Sponsored 3 Augusta St
Huntington Williams, NY

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 37 1937 to Oct. 24 1937

I last saw h alive on Oct. 24 1937. Death is said to have occurred on the date stated above, at 9:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Thrombosis	
Chr. interstitial nephritis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Michael Swinnerton M. D.

(Address) 540 N Milton Ave

40302 HEALTH DEPARTMENT—CITY OF BALTIMORE F 40302

CERTIFICATE OF DEATH

106B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4418 Parcel St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate Kovacs

If U. S. Veteran specify WAR

(a) Residence: No. 4418 Parcel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Kovacs

DATE OF BIRTH (month, day, year): Nov. 1846

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria Hungaria

13. NAME: Michael Stanchak

14. BIRTHPLACE (city or town) (State or country): austria Hungary

15. MAIDEN NAME: Dont Know

16. BIRTHPLACE (city or town) (State or country): austria

17. INFORMANT: Mrs. George Martin
(Address) 4418 Parcel

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Cross Cem. Date: Oct. 26 19 37

19. UNDERTAKER: Margaret A. Flynn
(Address) 1422 Light St.

20. FILED: OCT 25 1937 Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 22 1937 to Oct 24 1937

I last saw her alive on Oct 22 1937 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	Long Duration
Cardiac Decompensation	3 days.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Leon A. Wolf M. D.

(Address) 4700 Penna. Ave

E-10303

HEALTH DEPARTMENT—CITY OF BALTIMORE

0303

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 Pierce St. 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Henry Brown

(a) Residence: No. 603 Pierce St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	colored	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

DATE OF BIRTH (month, day, year) Feb 7-1860

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	10	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year) June, 1937

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md

13. NAME George Brown

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

15. MAIDEN NAME Harriett Ann Brown

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

INFORMANT Edna Beckett

(Address) 603 Pierce St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Oct 26 1937

UNDERTAKER Charles G. Cooper

(Address) 514 N. Calhoun St.

FILED 1937 H. E. Lee Wipperman Registrar

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1937 to Oct. 23, 1937

I last saw h— alive on Oct 22, 1937. Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	1935
Other contributory causes of importance:	
Anasarca	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) H. C. Petterson, M. D.

(Address) 817 Hamilton Ter

10304 F 10304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2230 Druid Hill Ave) (Ward) 14-3

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robinette Coleman

(a) Residence: No. 2230 Druid Hill Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

DATE OF BIRTH (month, day, year) Jan 2 1888

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	10	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 40

10. Date deceased last worked at this occupation (month and year) 10/1937

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Caroline Co Va

13. NAME Robert Latney

14. BIRTHPLACE (city or town) (State or country) Caroline Co Va.

15. MAIDEN NAME Julia Young

16. BIRTHPLACE (city or town) (State or country) Caroline Co Va

17. INFORMANT Goldie Grey

(Address) 2230 Druid Hillave

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Memorial Park Date Oct 26 1937

19. UNDERTAKER Charles S. Cooper

(Address) 514 N. Calhoun St.

FILED 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 1937 to Oct 22 1937

I last saw her alive on Oct 22 1937 Death is said to have occurred on the date stated above, at 2.9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	10/19/37

Other contributory causes of importance: Chronic Cholecystitis about 5 yrs duration

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was Cl[illegible] on autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of Injury ..... 19.....

Where did Injury occur? no
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place x

Manner of Injury x

Nature of Injury x

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) O. H. Decker M.D.

(Address) 928 E. North Ave

10305 HEALTH DEPARTMENT—CITY OF BALTIMORE F 10305

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2129 E Preston St. 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Miller

If U. S. Veteran specify WAR

(a) Residence: No. 2129 E Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph F. Miller

DATE OF BIRTH (month, day, year) Sept. 2, 1860

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
77	1	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Market Md

13. NAME Mrs. Keller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Frances Hitler

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Joseph F. Miller

(Address) 2129 E Preston St

BURIAL, CREMATION, OR REMOVAL

Place Pr. Cemetery Date 11-26 1937

UNDERTAKER John J. Miller Inc

(Address) 2435 E Oliver St

FILED ... 19 ... Registrar

1937 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-23- 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-1-37 to 10-23-37

I last saw her alive on 10-20-37 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	9-1-37
Arteriosclerosis	

Other contributory causes of importance:

Senile Dementia

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Testing Was there an autopsy? ...

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) F. Ed Ruzicka M. D.

(Address) 100 N. Patterson Park

Spec.—1-10-21—M&T—1500 Bks.

40306 F 40306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94-a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 44 of above Ave 28-4 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.) No War Record

2-FULL NAME William Francis Mahon

(a) RESIDENCE NO. above (Usual place of abode) ST., WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 1 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): MARRIED

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillian E. Mahon

6 DATE OF BIRTH (month, day, and year): SEPT. 25 1869

7 AGE: Years 68 Months 1 Days 1 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Paying Teller

(b) General nature of industry, business, or establishment in which employed (or employer): Home Savings Bank

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Mahon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Gallagher

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: W. Mahon (Address): 503 Cumberland

15 Died: 10/25 1937 Buried: Interment Woodlawn, N.Y. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/25 1937

17 I HEREBY CERTIFY, That I attended deceased from 10/25 37 to 10-25-37 that I last saw him alive on 10/25 37 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows: Cerebral Hemorrhage lasting 2 days No complications

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical symptoms

Signed: [illegible] M.D. (Address) 11 Copland Rd

State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. DATE OF BURIAL: 10/28/37

20 UNDERTAKER: Wm. Cook ADDRESS: 1717 N. Eutaw St.

40307 F 40307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp St.) 8-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles L Head

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1045 W Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

7. DATE OF BIRTH (month, day, year) June 4th 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	4	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Oct 1937

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Francis M. Head

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Henrietta Beckler

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Clara Grunly

(Address) 1410 E. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Westerns Date 10-27 19...

19. UNDERTAKER J. W. Cook

(Address) 1241 W Fayette

20. FILED ... 19... Registrar

5 6 1551

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10/25/37
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Martin D Hanna M. D.

(Address) 822 W Baltimore

40308 F 40308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 E 23rd St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Jennie Clara Long

(a) Residence: No. 718 E 23rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of Perry Long

6. DATE OF BIRTH (month, day, year) Jan 9th 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	9	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Emigsville Pa

13. NAME Samuel W. Miller

14. BIRTHPLACE (city or town) (State or country) Emigsville Pa

15. MAIDEN NAME Magdelina Dorhauer

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Roland M. Long

(Address) 2 W. University Pkwy

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 26th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19.....

OCT 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24th 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 21 1937 to Oct 24 1937

I last saw her alive on Oct 24 1937 Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3 da
Other contributory causes of importance: Hypertension	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, state how .....

(Signed) Wm N Haggard M. D.

(Address) 2405 N Calvert

F 40309

0309 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. ✓23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 N. Bethel St., 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilhelmina Louise Kerfner

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1714 N. Bethel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

6a. If married, ~~widowed, or divorced~~ (or) WIFE of: Frank Kerfner

6. DATE OF BIRTH (month, day, year): April 14th 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME: Henry Regner

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Nielsen

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Catherine Nielson

(Address) 232 Wilson Rd

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Carmel Date: Oct 27th 1937

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

20. FILED: 27 1937 Wm. Hennighan, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 25th 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 14-26 1935 to Oct 23rd 1937

I last saw h[illegible] alive on Oct 23rd 1937. Death is said to have occurred on the date stated above, at 4:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Oct. 1925
Cardiac Disease	
Other contributory causes of importance: Cardiac Failure	Oct. 22/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? X Ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury No 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vincent A. Kirk M. D.

(Address) 3126 Hartford Rd

Liv. 0317

23 1937

F 40310

40310 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

192-a

Registered No. 16-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1120 Mc Kean Ave (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Annie Tweedale

(a) Residence: No. 1120 Mc Kean Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

6a. If married, ~~widowed or divorced~~ (or) WIFE of Samuel J. Tweedale

7. DATE OF BIRTH (month, day, year) Mar 15th 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	7	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 10/21/37

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Geo. Bowers

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Samuel Tweedale

(Address) 1120 Mc Kean Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Oct 27th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 Registrar

OCT 26 1937 Deputy for Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1937, to Oct 25, 1937

I last saw her alive on Oct 24, 1937. Death is said to have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	1935
Other contributory causes of importance: Cerebral Hemorrhage	10/21/37

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. William Frey, M. D.

(Address) 1927 Penna Ave.

0311 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 40311

CERTIFICATE OF DEATH 27640 (MD) 108

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nellie Wilson

(a) Residence: No. 1120 N. Carey Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elmer

DATE OF BIRTH (month, day, year) 8/28/1898

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	1	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Charles Moore

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Nellie Campbell

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Oct 27 37

19. UNDERTAKER James A Lanyon
(Address) 142 Woodall St

20. FILED 19 Registrar

23 1937 Hemorrhage for Influenza

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 20, 1937, to October 23, 1937

I last saw her alive on October 23, 1937 Death is said to have occurred on the date stated above, at 7:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	10-12-37
Other contributory causes of importance: Rheumatic heart disease	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. C. De Lautelle, M. D.

(Address) Baltimore City Hospitals

F 40312

40312 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-a CC

Registered No. 1872

1. PLACE OF DEATH Home
CITY OF BALTIMORE: (No. 733 S. Bond St., 2-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Kunyla,
(a) Residence: No. 733 S Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Divorced

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Helen Kunyla

7. DATE OF BIRTH (month, day, year) 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farm hand
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Farm
10. Date deceased last worked at this occupation (month and year): about a year
11. Total time (years) spent in this occupation: 1 yr.

12. BIRTHPLACE (city or town) (State or country): Warsaw Poland

13. NAME ?
14. BIRTHPLACE (city or town) (State or country) ?
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Andrew Kunyla (son)
(Address) 4 N. Duncan St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Oct 27, 1937

19. UNDERTAKER Fred W. Ozgenbski
(Address) 1930 Eastend ave

20. FILED Oct 26, 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to h[illegible] death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (C.V.D. Apoplexy)	1 day prior to Oct 24 1937

Other contributory causes of importance: No history

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D.
Coroner

(Address) 1712 N. Broadway

F 40313

0313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓82-a

27-15

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610½ Maywood Ave. St., Mt. Washington Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 2 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Fannie Selden Gephart

(a) Residence: No. 610½ Maywood Ave. St., Mt. Washington Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Aug. 14 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	2	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: John Gephart

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

15. MAIDEN NAME: Fannie Salton Conkling

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Fannie Selden Gephart (mother)
(Address) 610½ Maywood Ave, Mt. Washington

18. BURIAL, CREMATION, OR REMOVAL
Place: GreenMount Date: Oct/26/37

19. UNDERTAKER: Stewart And Warman Co.
(Address) 108 W. North Avenue

20. FILED ... Registrar.

OCT 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sometime in 1933 to Oct 24th, 1937.
I last saw her alive on Oct 24, 1937. Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis: Hypertension	1933
a) Cerebral Apoplexy 3 Days	1934
b) Cerebral Apoplexy (Fatal)	Oct 24 37
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. B. Gambrill Jr. M. D.

(Address) 3908 N. Charles St

40314 E 40314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Paule D. Demby

U.S. Veteran specify WAR .....

(a) Residence: No. 810 Vine St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 29, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Herman Demby

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Olivia Cannon

16. BIRTHPLACE (city or town) (State or country) D.C.

17. INFORMANT Herman Demby

(Address) 810 Vine St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct. 26 '37

19. UNDERTAKER Mrs. Geo. N. Holland

(Address) 1631 Druid Hill Ave

20. FILED 1937 ... Registrar.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Walton M. D.

Coroner

(Address) 2767 N. Gilmor St

40315 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 40315

CERTIFICATE OF DEATH

✓ 94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2124 Fleet St. 1-H (Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 45 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Josefa Stankanowski

(a) Residence: No. 2124 Fleet St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joe Stankanowski

7. DATE OF BIRTH (month, day, year) 1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Sofia Wlodanski

(Address) 2124 Fleet St

18. BURIAL, CREMATION, OR REMOVAL.

Place Holy Rosary Date Oct 28. 1927

19. UNDERTAKER John J. Welsh

(Address) 1401 E. Fleet St

20. FILED ... 19 ... Registrar

NOV 5 1927

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24 . 1927

22. I HEREBY CERTIFY, That I attended deceased from Oct 11 '27 to Oct 24 '27

I last saw h... alive on Oct 24 19 27 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Coronary Thrombosis	Oct 11
Cardiac Failure	27
Other contributory causes of importance:	
Pneumonia	
Acute Cardiac Dilatation	Oct 24

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..... 19 .....

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Fred Ruzzo M. D.

(Address) 100 N. Patterson Park Ave

Spec.—8-24-14—M. & T.—2000 Blks.

40316 F 40316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 159

1-PLACE OF DEATH 416 Saunders St.

CITY OF BALTIMORE: (No. 416 Saunders St.; ST.; [illegible] WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Helen Stange

(Residence in Baltimore: No. 416 Saunders St.; yrs., mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) S

6-DATE OF BIRTH. 10 (Month) 23 (Day), 1937 (Year)

7-AGE. ..yrs. ..mos. 2 ds. If LESS than 1 day, ..hrs. or ..min.?

8-OCCUPATION. (a) Trade, profession, or particular kind of work: None (b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country). Ellicott City, Md

PARENTS.

10-NAME OF FATHER. Edward Wm. Stange

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Anna Helen Bryant

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martin Wm Stange

(Address) 416 Saunders St

15- Filed ..., 191.. ... Registrar.

10 26 1937

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10 (Month) 25 (Day), 1937 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10 23 1937, to 10 25 1937, that I saw h[illegible] alive on 10 25 1937, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia due to premature birth

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Undetermined

(Duration) ...yrs. ...mos. ...ds.

(Signed) William Daw M. D.

10/25, 1937 (Address) 2961 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore

DATE OF BURIAL, 10 26, 1937

20-UNDERTAKER [illegible]

ADDRESS 1217 Fulton St

40317 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40317

CERTIFICATE OF DEATH

16-7 √93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3015 Belmont Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME FRANCIS COOKE

(a) Residence: No. 3015 Belmont Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Katharine May Williams

DATE OF BIRTH (month, day, year) July 22, 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	3	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk, B & O.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Henry W. Cooke

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sallie Linthicum

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. K. M. Cooke
(Address) 3105 Belmont Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemy. Date Oct 26, 1937

19. UNDERTAKER John A. Mitchell Sons
(Address) 1900 Eutaw Place

20. FILED Oct 26 1937 E. H. Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 6, 1937 to Oct 24, 1937.

I last saw him alive on Oct 13, 1937. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1937
Other contributory causes of importance: Acute Pulmonary Edema	1 day

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Samuel A. Wolfe, M. D.

(Address) 1331 E. North Ave.

40313 HEALTH DEPARTMENT—CITY OF BALTIMORE 40318

CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 9 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sister Mary Fidelis Martin

If U. S. Veteran specify WAR

(a) Residence: No. Mt de Sales Catonsville St., Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 27 1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	5	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious - Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mt St Sale Academy Catonsville Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt St Sale Cem Date Oct 27 '37

19. UNDERTAKER (Address) Easton Sons Ellicott city

(Filed) 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1937, to Oct 25, 1937

I last saw h. alive on Oct 25 1937. Death is said to have occurred on the date stated above, at 6:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	10-19
Other contributory causes of importance: Uremia	10-16

Was an operation performed? Yes Date of 10-17 10-21

For what disease or injury? Intestinal obstruction + appendicitis

Name of operation Appendectomy Colonotomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

40319 40319

CERTIFICATE OF DEATH

Registered No. 20-5 157-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Stanley Stern

(a) Residence: No. 2213 Wilkins Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 3, 1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	6	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Helen Miles

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 10/28 1937

19. UNDERTAKER Leonard Hoffman
(Address) 305 Hamilton

20. FILED 19 Registrar

OCT 26 1937 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 - 24 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 6 - 2 - 37 . 1937 to 10 - 24 . 1937

I last saw him alive on 10 - 24 . 1937. Death is said to have occurred on the date stated above, at 1 0p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. uraemia	2
2. bilateral hydronephrosis	Since birth
3 Congenital valves of ureter bilateral	

Other contributory causes of importance:

Was an operation performed? yes Date of bilateral operation on Sept 23

For what disease or injury? bilateral operation on

Name of operation valves of ureter

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) R. A. Woodward Jr. M. D.

(Address) Balto. City Hosp.

F 40320

0320 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital 122-a Registered No.

CITY OF BALTIMORE: (No. [illegible] St. 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Sallie Say - If U.S. Veteran specify WAR

(a) Residence: No. Fullerton Md. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Bernard Say

DATE OF BIRTH (month, day, year) August 11, 1888

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	2	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton Md.

13. NAME Mrs. William Dennis

14. BIRTHPLACE (city or town) (State or country) Easton Md.

15. MAIDEN NAME Susan Powell

16. BIRTHPLACE (city or town) (State or country) Easton Md

17. INFORMANT Mrs. Sallie Say.

(Address) Fullerton Md.

18. BURIAL, CREMATION, OR REMOVAL Parkland Date 10/27/37

19. UNDERTAKER Legore & Hood

(Address) 2005 Harford Ave

FILED OCT 28 1937 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/25 1937

22. I HEREBY CERTIFY, That I attended deceased from October 5 1937 to October 25 1937

I last saw her alive on October 25 1937. Death is said to have occurred on the date stated above, at 9:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	10/21/37

Other contributory causes of importance

Was an operation performed? Yes Date of 10/8/37

For what disease or injury? Umbilical Hernia

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton Lem M. D.

(Address) West Balt. Gen. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

321 F 10321

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1129 E Lexington St. 5-1 Ward)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Morris Goodman

If U. S. Veteran specify WAR .....

(a) Residence: No. 1129 E Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Ida

DATE OF BIRTH (month, day, year) 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Cap Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Israel Goodman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Hannah ?

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Bennie Goodman

(Address) 3536 Cottage ave

BURIAL, CREMATION, OR REMOVAL

[illegible] Mt Carmel Cemetery Date Oct 26 37

UNDERTAKER Sol Levinson Bros

(Address) 1127 E Balto St

FILED ..... 19..... Registrar.

OCT 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25 1937

22. I HEREBY CERTIFY, That I attended deceased from ~~Dec~~ Oct-18- 1937 to Oct-25- 1937

I last saw him alive on Oct-25- 1937 Death is said to have occurred on the date stated above, at 12 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/25/37
Other contributory causes of importance:	
Hypertension & Arteriosclerosis	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Herman Bridich M. D.

(Address) 2404 Eutaw Pl

F 40322

40322 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1705 Lorman St., 15-2 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Butler

If U.S. Veteran specify WAR

(a) Residence: No. 1705 Lorman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) May 15-1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Bessie Smith
(Address) 1705 Lorman

BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Oct 28 37

UNDERTAKER Sam'l M. Chase & Son
(Address) 638 N. Gilmor St

FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 20 1937 to Oct 24 1937

I last saw her alive on Oct 24 1937 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension - Vascular Renal Syndrome	May 20 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) B. N. Halaka M. D.
(Address) 1115 Park Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10323

CERTIFICATE OF DEATH

121 F 10323

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp' St., 14-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah E. Gumby

(a) Residence: No. Huntington Sanitarium St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Wh	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 30 1912

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
25	6	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Elsie M. Gumby

16. BIRTHPLACE (city or town) (State or country) Barnetts Pa

17. INFORMANT Elsie M.
(Address) 158 N. Hanover St Carlisle Pa

18. BURIAL, CREMATION, OR REMOVAL
Place Carlisle Pa Date Oct 28 1937

19. UNDERTAKER Adam F. Chase & Son
(Address) 636 N. Pitt St

20. FILED Oct 26 1937 19..... Registrar.
Huntington Williamsville, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1937 to Oct 24, 1937

I last saw h... alive on Oct 24, 1937. Death is said to have occurred on the date stated above, at 8:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix	4 Day
Other contributory causes of importance:	
General Peritonitis	7

Was an operation performed? Yes Date of Oct 23, 1937

For what disease or injury? Ruptured appendix

Name of operation Appendectomy & peritoneal drainage

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) B Davis M. D.

(Address) 1307 N Carlisle St

HEALTH DEPARTMENT—CITY OF BALTIMORE

19324 CERTIFICATE OF DEATH 108 F 40324

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 36 E. Cross St. St., 24-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Stevens

(a) Residence: No. 145 E. Randall St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Schoen

6. DATE OF BIRTH (month, day, year) Feb. 17 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	8	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinists

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R. R. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Martinsburg W Va.

13. NAME James Stevens

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah Wright

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Martha Stevens
(Address) 36 E. Cross St.

18. BURIAL, CREMATION, OR REMOVAL
Place Schwartz's Cem. Date Oct. 27, 1937

19. UNDERTAKER J. Few McCully
(Address) 130 E. Fort Ave.

FILED 19

OCT 26 1937 Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/24/37. 19

22. I HEREBY CERTIFY, That I attended deceased from June 1937 to Oct 24 1937

I last saw h. alive on 10/24 1937 Death is said to have occurred on the date stated above, at 7:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Abscess	June 1937
Other contributory causes of importance: Pulmonary edema Cachexia	10/24/37 Oct. 1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Isaac Miller M. D.

(Address) 1225 N. Charles St

HEALTH DEPARTMENT—CITY OF BALTIMORE

10325

CERTIFICATE OF DEATH

F 10325

Registered No. 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 130 S Dimmis St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. .mos. ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Gertrude Cooper

(a) Residence: No. 1208 Dorcas St., ...Ward. —

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Cooper

7. DATE OF BIRTH (month, day, year): Oct 8 1901

8. AGE: Years 36; Months —; Days —; If LESS than 1 day, hrs. or min. —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country): Baltimore, md

13. NAME: James Denny's

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Sarah Payne

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: John Cooper

(Address): 1208 Dorcas St

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Oct 26. 37

19. UNDERTAKER: T. G. Kellam

(Address): 1362 Pennsylvania Ave

OCT 26 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 21, 1937, to October 23, 1937

I last saw h[illegible] alive on October 23 1937. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage	Oct 21
Other contributory causes of importance: Not Stated	

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles J. Wood M. D.

(Address) 86 Hanlon Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10326

136-B

CERTIFICATE OF DEATH

F 10326

1. PLACE OF DEATH U.S. MARINE HOSPITAL, Baltimore, Md.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 18-1 Ward)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR World War.

2. FULL NAME Roland Coleman

(a) Residence: No. 817 Pebble Court, Balto. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	separated

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Edna Ennis Coleman

DATE OF BIRTH (month, day, year) Jan. 1, 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	9	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Works Progress Adm.

10. Date deceased last worked at this occupation (month and year) 9-20-37

11. Total time (years) spent in this occupation --

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Roland Coleman

14. BIRTHPLACE (city or town) (State or country) Essex Co., Va.

15. MAIDEN NAME Maria Holmes

16. BIRTHPLACE (city or town) (State or country) Essex Co., Va.

INFORMANT Records- U.S. Marine Hospital
(Address) Baltimore, Maryland.

BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date Oct 27, 37

UNDERTAKER Mrs Katie R Williams
(Address) 322 E Stirling St

FILED [illegible] Wilkins, M.D.

OCT 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to October 24, 1937.

I last saw him alive on October 24, 1937. Death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis, gangrenous, chronic	8-8-37
Fistulae, perineum, multiple	1910

Other contributory causes of importance:

Was an operation performed? Yes Date of see "remarks"

For what disease or injury? Fistulae

Name of operation see "remarks"

What test confirmed diagnosis? C. & P. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If [illegible]

(Signed) R L Lawrall, M. D.

(Address) U. S. Marine Hospital, Balto. Md.

E 10327

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10327

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 N Pearl St., 7-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Beulah Bell

(a) Residence: No. 421 N Pearl St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Female	Colored	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ollie Bell

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brickfield Md

13. NAME John D. Wise

14. BIRTHPLACE (city or town) (State or country) Brickfield Md

15. MAIDEN NAME Maggie ?

16. BIRTHPLACE (city or town) (State or country) Brickfield Md

17. INFORMANT Olivia Wright

(Address) 421 N. Pearl St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct 26, 37

19. UNDERTAKER Mrs Kate R Williams

(Address) 322 N Schroeder St

20. FILED Oct 26 1937 Mrs Kate R Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22. 37

22. I HEREBY CERTIFY, That I attended deceased from Oct 15. 1937 to Oct 22. 37

I last saw h[illegible] alive on Oct 22. 1937 Death is said to have occurred on the date stated above at 7.15 pm.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset
10/15
1937

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Cedric Johnson M. D.

(Address) 1010 Eutaw St

10328 HEALTH DEPARTMENT—CITY OF BALTIMORE

27 124 10328

CERTIFICATE OF DEATH

Registered No. 19-152

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Savannah Jones

(a) Residence: No. 1503 W. Mulberry St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Albert

DATE OF BIRTH (month, day, year) ~~11-25-1859~~ 1554

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52	~~56~~	10	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

13. NAME William Clark

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Sophia Williams

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Memorial Date Oct 26, 37

19. UNDERTAKER Mrs Kate R Williams

(Address) 3221 Schroeder St

OCT 26 1937 Registrar.

Hunting for Wife, Md

GKL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 20, 1937, to October 22, 1937

I last saw her alive on October 22, 1937. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of face	April 1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. L. Lee Hamilton M. D.

(Address) Baltimore City Hospitals

40329 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40329

CERTIFICATE OF DEATH

46-F

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 18-2 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S Veteran specify WAR .....

2. FULL NAME Bernard Brown

(a) Residence: No. 1039 W. Saratoga St. St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence

7. DATE OF BIRTH (month, day, year) May 15, 1880

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	5	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Cornelius

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mildred Forman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Date Oct 26, 1937

19. UNDERTAKER Mrs Kate R. Williams
(Address) 332 N Schroeder St

20. FILED OCT 26 1937 Registrar. Huntingdon Pittsburgh, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 23 1937 to October 24 1937

I last saw him alive on October 23 1937 Death is said to have occurred on the date stated above, at 11:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas	unknown
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) H. A. de Lautelle, M. D.

(Address) Baltimore City Hospitals

40330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154 F 40330

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 4-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Boyd

If U.S. Veteran specify WAR ...

(a) Residence: No. 1701 East 29th St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Oct. 24, 1937

8. AGE — Years | Months | Days: 2 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Wm Arnold Boyd

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Margaret Homan

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mother (Mrs Wm. Arnold Boyd)

(Address) 1701 E. 29th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Oct 26 '37

19. UNDERTAKER Henry W. Meagher

(Address) 1525 E. Calvert St

(Signature) Huntington Matthews Jr

Registrar

OCT 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1937, to Oct 25, 1937

I last saw him alive on Oct 25, 1937 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (7 mo)	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert E. Redman M. D.

(Address) St. Joseph's Hospital

✓ F 40331

10331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

BIRTH NO.

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 14 S. Carlton St. (Ward) 18 3159
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. 12 hours Length of residence in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Brown (Premature Birth) If U. S. Veteran Specify WAR

(a) Residence: No. 14 S. Carlton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Infant.

7. DATE OF BIRTH (month, day, year) 10/24/37

8. AGE	Years	Months	Days	If LESS than 1 day / 2 hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
11. Date deceased last worked at this occupation (month and year) None. 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland
13. NAME George Brown
14. BIRTHPLACE (city or town) (State or country) Waynesboro, Ga.
15. MAIDEN NAME Mary Frazier
16. BIRTHPLACE (city or town) (State or country) Waynesboro, Ga.
17. INFORMANT George Brown
(Address) 14 S. Carlton St.
18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Oct 26, 1937
19. UNDERTAKER Mrs Kate A Williams
(Address) 322 N. Schroeder St.

Oct 26 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/26/37

22. I HEREBY CERTIFY, That I attended deceased from 10/24/37 to 10/26/37
I last saw him alive on 10/25/37. Death is said to have occurred on the date stated above, at 8.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	10/24/37

Other contributory causes of importance:
None

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) [illegible] M. D.
(Address) 522 N. Darling Ave.

10332 F 10332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

943

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 N. ~~Milton~~ Ave St.. 7-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Loretta Benner

(a) Residence: No. 723 N. Milton Ave St.. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Withe	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) November 11 1889

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
47	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Servant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Martin J. Kavanagh

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Mary Hfelder

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Vincent Croghan (Sister)
(Address) 2602 Mc Eldery St.

18. BURIAL, CREMATION, OR REMOVAL
Place Nat Cathedral Cem Date Oct 27 1937

19. UNDERTAKER Frank Deller & Son
(Address) 52 N. Gaurley St.

20. FILED Oct 28 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Menzer, M. D.
Coroner

(Address) 1911 E. North Ave

10333 HEALTH DEPARTMENT—CITY OF BALTIMORE 10333

CERTIFICATE OF DEATH

53-C

Registered No.

1. PLACE OF DEATH Union Memorial Hosp.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 33 & Calvert St., 11-1 Ward)

Length of residence in city or town where death occurred 53 yrs. 4 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Virginia Mary Horan

(a) Residence: No. 1020 N. Calvert St., Ward. Balto. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) May 26 1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	4	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Patrick Horan

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME Mary Boggs

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Edward Horan
(Address) 2923 Fremont ave

BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Oct 27 1937

UNDERTAKER Henry W. Jenkins Sons & Welch & Richardson
(Address)

FILED Oct 29 1937 Harrington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 12 1937 to Oct 24, 1937
I last saw h... alive on Oct 24 1937 Death is said to have occurred on the date stated above, at 7:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemangioma h. cerebral Hemisphere	?
h. Mastoiditis	4-14-37

Other contributory causes of importance:

Was an operation performed? yes Date of aug 12 and Sept 15, 1937

For what disease or injury? cerebral Tumor mastoiditis

Name of operation Craniotomy, Mastoidectomy

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Robert O. Lives M. D.

(Address) Union Memorial Hospital.

E 10334

HEALTH DEPARTMENT—CITY OF BALTIMORE

334

CERTIFICATE OF DEATH

160-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 1-B Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Boy Boy Bredariol

If U.S. Veteran specify WAR ...

(a) Residence: No. 3917 Eastern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Morello · Louis Bredariol

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Rita Augusta Debindetto

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mother -
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL OCT 26 1937 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore
Registrar

OCT 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 25 1937 to Oct 25 1937

I last saw him alive on Oct 25 1937 Death is said to have occurred on the date stated above, at 6 10/A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage (Spontaneous)	at Birth
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

25. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert E. Cushman M. D.

(Address) St. Joseph's Hospital

10335 F 10335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2742 W. Lafayette Ave St., 16-6 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William J. J Thomas

(a) Residence: No. 2742 W. Lafayette St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah J. Thomas

6. DATE OF BIRTH (month, day, year) June 10th 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	4	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired duty pd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployment

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME OF FATHER James E. J Thomas

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Treasa England

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sarah J. Thomas (Wife)
(Address) 2742 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL a.a.b.
Place Holy Cross Cem Date Oct 27, 1937

19. UNDERTAKER A. Howard Evans
(Address) 1400 Eshelman St

Filed NOV 6 1937, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1937, to Oct. 25, 1937

I last saw ... alive on Oct. 24, 1937 Death is said to have occurred on the date stated above, at 12:05 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	3 mos
Other contributory causes of importance: Exhaustion	10/25/37

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? clinical Was an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, state .....

10/25/37 (Signed) H. G. Campbell M. D.
(Address) 1644 Hanover St

40336 F 40336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 Clarkson St. 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 6 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susie Wagner

If U. S. Veteran specify WAR

(a) Residence: No. 1604 Clarkson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew J. Wagner

7. DATE OF BIRTH (month, day, year): April 15, 1885

8. AGE — Years: 52 | Months: 6 | Days: 10 | If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Frederick Ludwick
14. BIRTHPLACE (city or town) (State or country): Do not know
15. MAIDEN NAME: Do not know
16. BIRTHPLACE (city or town) (State or country): Do not know

17. INFORMANT (Address): Susie Wagner. 1604 Clarkson.

18. BURIAL, CREMATION, OR REMOVAL — Place: Cedar Hill Date: Oct. 28, 1937

19. UNDERTAKER: R. Howard Evans (Address): 1400 E. Lanvale St.

20. FILED: 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1937 to Oct 25, 1937

I last saw her alive on Oct 25, 1937 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Apoplexy. — Date of Onset 10/25/37

Other contributory causes of importance: Coronary Sclerosis & Hypertension — 2 yrs / 2 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 16 Randall

0337

HEALTH DEPARTMENT—CITY OF BALTIMORE 10337

CERTIFICATE OF DEATH

185

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos. 2 ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME James Wylie

(a) Residence: No. 1709 W Fayette St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

Home

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Nov 1921

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME Hugh Wylie

14. BIRTHPLACE (city or town) (State or country) South Carolina

15. MAIDEN NAME Mcaria Eling

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT (Address) Medical Records 1709 W Lanvale st

18. BURIAL, CREMATION, OR REMOVAL Place Kingsboro SC. Date Oct 26th 1937

19. UNDERTAKER Elroy Wilson (Address) 1709 Lanvale ave

FILED Oct 29 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1937 to Oct 25, 1937

I last saw h.im alive on Oct 25, 1937 Death is said to have occurred on the date stated above, at 12:30 a.m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tox Pneumonia	10-23 2 days
Other contributory causes of importance: Uremia	10-23

Was an operation performed? yes Date of 10-24

For what disease or injury? Tox Pneumonia

Name of operation Debridement incision & drainage

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ..., 19..

Where did injury occur? Kingsboro S C (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Hyphen wood cut

Nature of injury Lac Small ax

24. Was disease or injury in any way related to occupation of deceased?

..If so, specify..

(Signed) ... M. D.

(Address) Mercy Hosp.

0338 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 10338

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2525 Salem St. 13-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Baby Williams

(a) Residence: No. 2525 Salem St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year): Oct 25/37

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				17 hrs.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Noble Williams

14. BIRTHPLACE (city or town) (State or country): Lumberton N.C.

15. MAIDEN NAME: Hazel Swain

16. BIRTHPLACE (city or town) (State or country): Bedford Co Va

17. INFORMANT: Noble Williams
(Address) 2525 Salem St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date Oct 26 1937

19. UNDERTAKER: Joseph B. Lively
(Address) 4694 Mount Av.

Filed Oct 25 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 25 1937 to Oct 25 1937

I last saw her alive on Oct 25 1937 Death is said to have occurred on the date stated above, 5 p m.

The principal cause of death and related causes of importance were as follows:

Premature Birth

Date of onset

Other contributory causes of importance: Six months in utero

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, ...

(Signed) A B Hughes M. D.
(Address) 1413 Druid Hill Av

10339 Thurman Breen ✓ F 10339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 21-7 St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME .....

(a) Residence: No. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) .....

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NV

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) .....
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date .....

19. UNDERTAKER Harry R. Duffie
(Address)

20. FILED ..... 19.... Registrar.

10-26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ..... 19...

22. I HEREBY CERTIFY, That I attended deceased from 10/20/37 to 10/23 1937

I last saw h... alive on 10-23 1937 Death is said to have occurred on the date stated above, 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T.B.	from
Other contributory causes of importance:	
Cardiac Insufficiency	10/20/37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Richard Dorf M. D.

(Address) 1 West Mt. Royal Ave

F 10340

0340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-13

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 Aiken Street St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Grace P. Sullivan

(a) Residence: No. 1723 Aiken Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William N. Sullivan

6. DATE OF BIRTH (month, day, year) April 12th 1879

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	58	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Milton White

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Martha (Unknown)

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Glendore Sheeraker (Daughter)

(Address) 1723 Aiken Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Oct. 27, 1937

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Hereford Avenue

OCT 28 1937

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/24/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

Spec.—1-10-21—M&T—1500 Bks.

F 40341

40341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

160-B

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST. 10 WARD)

2-FULL NAME Baby Boy Tucker

(a) RESIDENCE NO. 540 N. Payson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 21, 1937

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	0	0	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work... Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) University Hosp Baltimore Md

PARENTS

10 NAME OF FATHER Henry Tucker

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Helen Tucker

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Tucker 540 N. Payson St

Filed Oct 26 1937 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22 1937

17 I HEREBY CERTIFY, That I attended deceased from Oct 21, 1937, to Oct 22, 1937, that I last saw h/ alive on Oct 22, 1937, and that death occurred, on the date stated above, at 12 Midnight

The CAUSE OF DEATH* was as follows:

Intracranial hemorrhage on account of

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) George H Kamer M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY MEDICAL SCHOOL

DATE OF BURIAL OCT 26 1937

20 UNDERTAKER Commissioner of Health Per H. A. Moore

ADDRESS

10342 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10342

CERTIFICATE OF DEATH 160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital Ward 12)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis William Blum

If U.S Veteran specify WAR

(a) Residence: No. 425 N Lakewood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

6. If married, widowed, or divorced HUSBAND of (or) WIFE of /

DATE OF BIRTH (month, day, year) Oct 15 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Louis W. Blum

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Bertha Busso

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Louis W. Blum

(Address) 425 N. Lakewood

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 10/26/37

19. UNDERTAKER J. A. Bowman

(Address) Baltimore Md

FILED 1937 Huntington Williams, Registrar H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/15, 1937 to 10/26, 1937

I last saw him alive on 10/26, 1937. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other contributory causes of importance:

Brain extraction

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W M Dixon M D M. D.

(Address) Bon Secours Hospital

F 40343

10343 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1903 Etting St. 14-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME William G. Young If U. S. Veteran specify WAR

(a) Residence: No. 1903 Etting St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Young

6. DATE OF BIRTH (month, day, year) June 13, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooks 1171

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME Charles Young

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Henrietta Hand

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Elsie Harris

(Address) 934 N. Stricker

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Oct 28. 1937

19. UNDERTAKER Jam's H. Chase Inc

(Address) 638 N. Gilmor St

Filed 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1937, to Oct 25, 1937.

I last saw h[illegible] alive on Oct 23, 1937. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Other contributory causes of importance: Chronic Endocarditis	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. S. McGaud, M. D.

(Address) 202 S. Middleton Ave.

Spec—12-23-21—E.F.R.S.—400 Bks.

40344 HEALTH DEPARTMENT—CITY OF BALTIMORE F 40344

CERTIFICATE OF DEATH. 92-a

1-PLACE OF DEATH Registered No.

City of BALTIMORE: (No. 34. W. 25th St., 12-6 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Father Eugenia Daniels

(a) Residence No. 34 West 25th St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, ~~Married~~, Widowed, or Divorced. (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): 1863

7-AGE: 74 yrs. mos. ds. If LESS than 1 day, hrs. or mln.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer:

9-BIRTHPLACE (city or town): Baltimore (State or Country): Md

PARENTS.

10-NAME OF FATHER: Joseph A D Daniels

11-BIRTHPLACE OF FATHER (city or town): Baltimore (State or Country): Md

12-MAIDEN NAME OF MOTHER: Juliana d'Faca

13-BIRTHPLACE OF MOTHER (city or town): Talbot Co (State or Country): Md.

14-(Informant): J. F. Brennan

(Address): Laurena Park

15-Filed 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Oct 25, 1937

17-I HEREBY CERTIFY, That I attended deceased from Dec., 1931 to October, 1937, that I last saw h. alive on October 25, 1937, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Duration Many yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(Duration) yrs. 2 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis Clinical examination

(Signed) Roy Nesbitt M. D.

, 19 (Address) 2430 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount — DATE OF BURIAL: Oct 26, 1937

20-UNDERTAKER: Henry W. Jenkins' Son Co — ADDRESS: Orchard & Aisquith

0345 V L 10345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

123

Registered No.

1. PLACE OF DEATH U.S. MARINE HOSPITAL, Baltimore, Md.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1 St., 12-b Ward)

Length of residence in city or town where death occurred yrs 1 mos 12 ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S. Veteran specify WAR World War

2. FULL NAME Walter Washington

(a) Residence: No. 552 Revolution St., St., Ward. Havre de Grace, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

DATE OF BIRTH (month, day, year) July 3, 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --

10. Date deceased last worked at this occupation (month and year) June 1937

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Havre de Grace, Md.

13. NAME Lloyd Washington

14. BIRTHPLACE (city or town) (State or country) Aberdeen, Md.

15. MAIDEN NAME Jennie Allen

16. BIRTHPLACE (city or town) (State or country) Aberdeen, Md.

17. INFORMANT Records- U.S. Marine Hospital
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date OCT 27 1937

19. UNDERTAKER
(Address)

20. FILED OCT 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 13, 1937, to October 24, 1937.
I last saw h... alive on October 24, 1937. Death is said to have occurred on the date stated above, at 12:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Proctitis, chronic, ulcerative, perforating;	1919
Peritonitis, acute, suppurative	10-21-37

Other contributory causes of importance:
--

Was an operation performed? Yes Date of 10-20 & 10-20-37

For what disease or injury? Proctitis, chr., ulcera., perf.

Name of operation Proctoscopy, biopsy, fistulectomy, incision and drainage abscess.

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) T. B. N. a dese., M. D.
(Address) U.S. Marine Hospital, Balto. Md.

F 40346

40346 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 82-a

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1604 N. Bond St. 8-6 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret L. Hall — If U. S. Veteran specify WAR No Record

(a) Residence: No. 1604 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of J. Frank Hall

6. DATE OF BIRTH (month, day, year) May 26, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Wilmington Delaware

MOTHER FATHER

13. NAME Martin Dugan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Sarah Walsh

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Gladys Wingate
(Address) 1604 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date Oct 27th 1937

19. UNDERTAKER William Cook
(Address) 1217 St Paul St

20. FILED Oct 27 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance:
Cerebral Apoplexy

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schenker, M. D. Coroner
(Address) 1192 North Ave.

10347 F 40347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No.

CITY OF BALTIMORE: (No. St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Michael Seeberger

(a) Residence: No. 115 N Bradford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Seeberger

6. DATE OF BIRTH (month, day, year) Oct 20 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Marie Kritz (Daughter)
(Address) 115 N. Bradford St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Repose Date Oct 28 1937

19. UNDERTAKER William Cook
(Address) 1217 St. Paul St.

20. FILED Oct 27 1937 Houston Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 10/24 1937
Where did injury occur? Eastern Ave - opp. Oakland Court (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home or in public place Highway
Manner of injury Struck while walking
Nature of injury Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hubert F Bentley (Acting) Coroner
(Address) 907 N. Calvert

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 14th DAY October

OF 1965 THE MICROPHOTOGRAPHS APPEARING

HEREIN STARTING WITH #F 3186 July 11 1937 AND

ENDING WITH #F 4347 Oct. 27, 1937 ARE AC-

CURATE AND COMPLETE REPRODUCTIONS OF THE

RECORDS OF THE DEPARTMENT OF Health

BUREAU OF Vital Statistics AS DELIVERED

IN THE REGULAR COURSE OF BUSINESS FOR

PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM

MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU

OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC

COPY.

CAMERA OPERATOR: [illegible]

END OF REEL